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ART I.—*Unity of the Human Race.* By HENRY R. BALDWIN, M. D., New Brunswick, N. J.[1]

REFLECTING upon what subject would afford an appropriate theme for an essay upon this occasion, I have been actuated by a desire to present that which seemed of the greatest importance; and have been unable to select any more worthy of consideration than that of the unity of the human species.

The query, is man a unit, or in other words, are all mankind descended from a single pair of human beings, is a subject fraught with the greatest importance to humanity, involving as it does the mutual obligation of races to each other, and the truth or falsity of that volume upon which the everlasting hopes of millions of mankind are based. Many questions are presented for scientific investigation upon which the accumulated research of ages has shed only the flickering rays of an uncertain and obscure light, and which are still enshrouded in the misty veil of obscurity. This is the case with the subject of our selection, for laying aside all the evidence deducible from revelation, and founding an argument only on those facts which are obtained from the natural history of man and the world, it is incapable of perfect demonstration—still, by carefully noting many points of similarity existing between all nations, and viewing the singular adaptedness of the material world to the wants of man, as well as the fitness of his conformation for accomplishing the ends for

[1] Read before the Medical Society of New Jersey, and published by order of the Society.

which he was evidently designed, we may arrive at a probable conclusion.

The first grand prevailing faculty with which all men are endowed, whether living amid the arctic snows or under an equatorial sun, whether the refined and educated student of science or the naked Bushman of Africa, is speech or language—and by this we mean not the mere articulation of certain words or the utterance of broken sentences, for in this he would be equalled by many of the inferior animals who may be taught to utter many words or even sentences—but by language we mean the articulate utterance of such sounds as necessarily imply a train of thought.

Now the possession of this faculty by all men, although it affords presumptive evidence that each learned it from the other, or that it was originally given to a single pair, does not of necessity imply as much, for if it is supposed that originally there were five distinct centres of creation, it might just as easily be supposed that each central pair received the same gift. But if upon inquiry into the history of languages we find a marked analogy between them, and that the same rules for the construction of sentences obtain, we have good reason to conclude that this uniformity has resulted from some cause much more potent than mere accident. "There is in all languages of the earth," says Dr. Good, "a general unity of principle which evidently bespeaks a general unity of origin; a family character and likeness which cannot possibly be the effect of accident. The common divisions and rules of one language are the common divisions and rules of the whole, and hence every national grammar is in a certain sense, and to a certain extent, a universal grammar, and the man who has learned one foreign tongue has imperceptibly made some progress towards a knowledge of other tongues. In all countries and all languages there is only one and the same set of articulations, or at least the differences are so few that they can scarcely interfere with the generality of the assertion; for diversities of language consist not in different sets of articulations, but only in a difference of their combinations and applications. No people have ever been found so barbarous as to be without articulate sounds, and no people so refined and fastidious as to have no desire to add to the common stock. But independently of a uniform set of articulations, and a uniform system of

grammar, there is also a uniform use of the very same terms in a great variety of languages to express the very same ideas, which, as it appears to me, cannot be accounted for, except upon the principle of one common origin and mother tongue; and I now allude more particularly to those kinds of terms which, under every change of time, and every variety of climate, or of moral or political fortune, might be most readily expected to maintain an immutability, as those for example of family relationship, and patriarchal respect; or descriptive of such other ideas as cannot but have occurred to the mind very generally, as those of earth, sky, death, and deity." Again, the fact that mankind can so generally acquire the language of another nation, and so speedily enter into communication, implies the operation of similar laws in giving expression to their thoughts. But we may here be asked, how then can you account for the variety existing in languages? We answer as follows: The dispersion of the human family throughout the earth was the necessary consequence of an increase of population. In ancient times whole communities were accustomed to migrate from one portion of the earth to another, and especially is this true of those of a warlike or pastoral character—a familiar example of the former presents itself in the invasion of England by the Normans, which shows in the most striking manner how two languages may be blended into one, and thus entirely alter its character. But we need not go back to former centuries to illustrate this point; it will only be necessary to instance the languages, spoken by a portion of the Canadians, or by some of the inhabitants of Louisiana. If then we imagine these changes to have been in progression for five thousand years, and the commingling of races by intermarriage which would inevitably occur, and that successive generations meeting with new objects of attention and new wants would frame their speech to meet the exigencies of the case, there can be no difficulty in explaining how it has happened that the languages of the earth are so multifarious.

But we have said above that language implies thought, therefore man must be considered as endowed with intellect; he has not only the means of expressing thought, but he has reason to guide him both in framing his speech, and directing it to a given purpose. We do not intend entering upon an argument to prove

the distinction between reason and instinct, but at once proceed to consider how reason stamps the whole humanity with unity of origin; and this will best be accomplished by showing that the most degraded are possessed of this faculty, and then inquiring what reason has accomplished and is accomplishing for the race. The Bushmen of Southern Africa are perhaps the most unpromising example presented to us by history. The subjects of a tyranny, oppressive as it is unjust, they have been compelled to resort to a wandering life, and subsist upon roots, herbs, and the chase, with no habitation but the caves of the desert, and no property except that obtained by theft, subjected to continual invasion by the ruthless destroyer, where can we find a people more abject in their misery? And yet, even here, we find undoubted evidence of mind.

They have been described as passionately fond of liberty, fierce, and deceitful; still they manifest some of the noblest traits of character; they can be grateful for favors, faithful to their charge, and will habitually distribute to their friends any boon they may have received, and frequently it has been observed that he who originally received the gift reserved the least of it to himself. The comparison of the present condition of many tribes of South Africa with what they were at the period of settlement by the Dutch in the year 1652, leaves no doubt of their decided progression in knowledge and civilization. Having thus shown that these miserable creatures are possessed of those sentiments which of necessity imply reason, we would now consider what reason has done and is doing for humanity, and how its possession renders it probable that mankind are descended from a single pair.

The human infant is the most helpless of all animals; his powers of locomotion undeveloped, and his intellectual faculties scarcely apparent, he can neither fly from danger nor appropriate those materials necessary for the maintenance of his own existence.

Although without any natural weapon by which he can successfully cope with many of the larger animals, yet the possession of reason enables him not only to destroy them, but even to subjugate them to his will, and render their superior strength subservient to his purposes. Born destitute of any covering whereby he is protected from the vicissitudes of the weather, yet by his superior ingenuity he is capable of either weaving fabrics from

the vegetable world, or of appropriating the skins of animals to his use, enabling him to maintain life in almost any climate. Inferior to many animals in rapidity of motion, yet he surpasses the fleetest and most enduring of them by his conquering brain, so that time and distance are neither of them regarded as an impediment in accomplishing any purpose to which he may direct his powers. We might thus go on citing instances to prove that reason has enabled man to adapt himself to any and every circumstance, and although we cannot deny that some races of men have receded rather than advanced in civilization, yet if we take a comprehensive view of the subject we cannot fail to observe that progress is a law of his being. Look at the nations of antiquity with their rude weapons and their tardy transportation, their ignorance of navigation and their restricted commerce; look at their social relations and their moral character, and then turning to our own age draw a comparison; see the evidence of the march of mind in the mighty steamship as she in solitude breasts the billow like a thing of life, and with undeviating certainty wends her way to the unseen land; see it in the bands of iron which are encircling earth, and riveting nations together with adamantine chains; see it in the talking lightning subdued to man's control; does not this prove progress, and progress with a definite aim? Man, then, has a particular end to which he seems directed. We have seen that by reason he is able to control the whole inferior world evidently proving that all animals were destined to answer his purposes.

It is natural to suppose (and we have in some measure shown it), that the whole material world was intended for man's use, and in proportion as he advances in knowledge does he acquire a mastery over the forces of nature. Every improvement in the arts, every discovery in science, every stride which is made over the wastes of ignorance tends directly to the improvement of man's physical condition, and by elevating his thoughts and enlarging his mind concerning the vast machinery of nature in all its stupendous magnificence, it ennobles and exalts his mental and moral sentiments. Here, then, is a single grand aim to which all races have been conducing since the commencement of time, and to which the accumulated industry and advance of all nations will continue to add so long as time shall endure.

Now, we argue that the adaptedness of man's mental constitution for the accomplishment of this design, can be as well compassed by his being derived from a single pair of human beings, as if he were descended from five; and, therefore, we conclude that it would have been unnecessary for mankind to have originated from five different points of creation unless some end were to be gained by it, which end does not appear, and the analogy of nature proves that nothing was unnecessarily made. But we are not confined to the mind as the only universal characteristic of the humanity; man is also endowed with moral sentiments, and here the identity of the human race is most marked—no tribe or nation having been found in which these faculties are absent. It seems that all men have the sense of individual rights and possessions implanted in them. The savage, when he commits theft, is conscious of having done a wrong action, as appears by his immediate concealment of the article stolen, and by a studious denial of the act. There are offences against the natural rights of man, and offences against his legal rights; any violence done to the former appeals at once to the conscience, whilst with regard to the latter, being mere human enactments for the more successful government of society, any wrongs committed against them are feared only because of the penalty attached. That all men are conscious of committing offences against the natural rights of man appears from the fact, that when the government admits of the greatest freedom as to personal action, the only law being the will of the chief; yet here we find man endeavoring to propitiate some invisible power either by sacrifices or personal penance. Closely connected with conscience is the attribute of benevolence. There is a silent monitor in the breast of every one which tells us that it is right to do a kind action to any creature; and that being does not live who is incapable of feeling the inward approval of his conscience whenever, resisting the seductions of an evil nature, he has in some way enhanced the happiness of his fellow creature. Benevolence shines through the whole creation, and the design of the universe seems to be to increase the happiness of man. We see external nature framed in such manner as to call forth his exertions, and never are these exertions unrewarded. The golden harvest is the result of the patient sowing of the seed; the fertilizing rain and the fructifying sun both combine to aid

this simple operation of man; the forces of nature, with all their mysterious controlling influences, are so regulated as to foster and nourish his work until it is accomplished in the supply for his bodily wants. Here, then, is a principle which implies that all things, the changing seasons, the rain, the sun, the heat, and the cold, are all designed in some way to enhance the happiness of man. When, then, we find mankind manifesting benevolence, he is acting in harmony with a great principle which pervades the universe, and inasmuch as he acts in unison with this principle, he becomes a part of the great plan, and a most important part, as his happiness is the end to which all is directed. The identity or similarity of the race is manifested by the affections and passions. We find affection for friends, gratitude for favors, hatred of enemies, thirst for revenge, and fear of death, existing everywhere, and how can we account for the universal depravity existing among all nations, except by supposing that it had with the race a common origin?

There is, however, another view of mankind, which is more intimately connected with us as professional men—namely, his similarity in anatomical and physiological development. We find man composed of the bony fabric and the soft parts. As the osseous structure is necessarily, from its composition and situation, less liable to variation, we should expect to find certain points of analogy which will vary but little. We are aware that much learning has been exhibited and much time spent in drawing comparisons between the different forms of skulls; that the facial angle has been diligently compared, and, that upon it, theories of the superior intellect of certain races have been based. We are not ambitious to enter upon the discussion of a subject upon which so much has been said, and from which no certain inferences can be drawn. It appears that the form of the skull is modified by various local causes, such as climate and mode of life. Upon this subject, we would quote the following pertinent remarks of Dr. Carpenter: "The influence of habits of life, continued from generation to generation, upon the form of the head, is remarkably evinced by the transition from one type to another, which may be observed in nations that have undergone a change in their manners and customs, and have made an advance in civilization. Thus, to mention but one instance, the Turks at present

inhabiting the Ottoman and Persian empires, are undoubtedly descended from the same stock with those nomadic races which are still spread through Central Asia. The former, however, having conquered the countries which they now inhabit, eight centuries since, have gradually settled down to the fixed and regular habits of the Indo-European race, and have made corresponding advances in civilization; whilst the latter have continued their wandering mode of life, and can scarcely be said to have made any decided advance during the same interval. Now, the long-since civilized Turks have undergone a complete transformation into the likeness of Europeans; whilst their nomadic relatives retain the pyramidal configuration of the skull in a great degree." Our object is to show that, in all nations an identity exists as to the number of the bones, and that the frame of man is so constituted as to be adapted to the end for which he was designed. That race, or nation, has yet to be discovered, which presents a less number of bones of the body than the Caucasian race. We find the same ingenious dovetailing at the sutures, the same conformation for resisting violence. The vertebral column in man, although not perfectly straight, is so arranged, that when the body is in the erect posture, a vertical line from its summit, would fall exactly on the centre of its base; it increases in size as we proceed to the lumbar region, so as to present a pyramid in form. The processes adapted for sustaining the abdominal muscles are very strong, evidently with the intention of supporting the abdominal viscera, which, lying comparatively loose within the abdominal walls, have a constant tendency to draw the belly forwards and downwards. How beautifully, then, is the vertebral column poised upon the sacrum, the base of the pyramid; and then, again, the pelvis upon the inferior extremities; and how admirably is the foot adapted to support the superimposed weight; and how curiously are the vertebræ and joints padded so as to remove shocks from the brain, to which it would be continually exposed by our almost perpetual motion! The muscles clothe the skeleton in such manner as to give it the most beautiful form, and yet they are always so arranged as to enable man to maintain the erect posture without fatigue. But it is unnecessary to waste time upon that which is so evident to all. Let us now consider how the conformation of man is adapted to the end for which he

was designed. What could man accomplish towards the subjugation of the inferior animals, were he unable to follow in the chase, to wield weapons of defence, or escape from danger? How could the teeming earth be tilled, the crops gathered, habitations formed, and all the appurtenances which exalt civilized life be made, unless it were for the peculiar mechanism of man? Without the hand of man (most marvellous member), the loom of the weaver would still flourish in the forest, the iron of the steam engine would remain buried in the womb of earth, the garments we wear would still clothe the sheep of the valley, and the gorgeous palaces of the nineteenth century would still remain in the lap of nature. We find that man, from his physical conformation, is destined to progress; that it is the law of his physical, no less than of his mental, nature. In order to complete our view of man, we must contemplate him as possessing points of similarity in a physiological light.

We find that the human species, unlike other animals, has a long period of development to pass through before he can attain the perfection of his physical nature. Of slow growth, it would appear that the great length of time allowed for the maturing of the animal, is an evidence of the perfection of the being that is eventually to step forth in all the beauty of perfected manhood. There are certain great physiological facts which appertain to man everywhere; let us, then, follow the physiological development of man. We find the sexual passions in man extending over a lengthened period of his existence, and whilst in animals we find the rutting season, or period of heat, occurring at certain periods, in man universally, and in man only, do we find this passion existing at all times. Women conceive at almost any time, and the period of gestation is the same in all nations. We should just as certainly expect to see the woolly-headed descendant of the Ethiopian emerge into life at the end of 280 days from conception, as the Caucasian offspring of any one in this room. The infant when born is equally helpless in every section, and its first wail of distress appeals with sympathetic force to every mother existing under the broad canopy of heaven.

Everywhere, infantile life is identical, the changes being the same, and occurring at the same periods; the first and second dentitions, with their accompanying dangers; adolescence with its

frivolous amusements; and manhood with its matured judgment and ripened powers; and it is a singular fact, that all nations treat the subjects of these changes in accordance with their relative claims to attention and respect. We notice great uniformity as to the duration of human life, the threescore and ten years seems to have a wonderful effect in producing evidences of decay in all nations alike. We find the tottering gait, the silvered hair, the gradual failure of intellect; the same mental and bodily ailments, insanity with its dread accompaniments; idiocy with its simple babblings; epidemic diseases attack all nations and cause death in about the same time, proportion, and manner. Again, man, from the peculiar conformation of his digestive organs, is able to appropriate almost any variety of food, thus enabling him to exist in any part of the globe. Now, if the different races of men had different centres of creation, it is natural to suppose that they were created with capacities for inhabiting certain localities; just as certain animals, made with capacities to live in tropical climates, droop and die when they are removed to another region. Now we should expect to find this true of the races of mankind also, but what are the facts? The world is the field of man, and no part of the globe has yet been discovered, where man is unable to exist. He can sustain a greater heat than he is subjected to in any climate, and he can, by protecting his body, endure the greatest cold to which he has ever been exposed. Having then viewed man as possessed of language, we find certain points of similarity existing which can be accounted for in no manner so easily as by supposing that speech was a gift from the Creator, originally bestowed on Adam and Eve, the progenitors of our race. Considering him as an intellectual being, we notice that progress towards the subjugation of all things is an essential characteristic of his nature. As a moral being, he is moving forward in the grand scheme of benevolence, to which all things seem directed. Anatomically man is designed by the ease and facility with which he performs so many, and so varied movements, to convert the barren waste into the fruitful garden, the rough unpolished marble into the almost breathing statue. Physiologically, we find him possessing a multitude of points of similarity. Commingling of races does not produce hybrid offspring; the great epochs of life resemble each other in different races with

almost undeviating accuracy; and is it not singular that, if man originally had five different centres from which the race emanated, he should present such marked analogy between all the functions upon which depend the propagation and perpetuation of the species, and that only in external manifestations, such as the form of the skull, color of the skin, and elegance of shape, should he differ. Leaving the curious to speculate upon the existence of certain bumps upon the skull, or to calculate the quantity of mind which is indicated by a given facial angle, we will take our stand upon the broad basis of similarity of races, and when it is demonstrated that the great end, to which the whole creation seems directed, can be better accomplished by supposing that man had more than a single centre of origin; then, and not until then, will we allow our position to be untrue.

ART. II.—*A Case of Hydrophobia.* By J. S. REDFIELD, M. D., Jeansville, Pa.

I SEND you the following case of hydrophobia, as I consider it, which came under my charge a short time since. Should you consider it worthy of publication, you will please give it a place in your valuable journal. The subject of the case was a young man, J—— B——, about 20 years of age, somewhat under the ordinary size, with rather an effeminate constitution. Some time in the latter part of September he was bitten by a cat; the cat was a strange one, and as he shot her the same day the accident occurred, there was no way of knowing to a certainty whether she was rabid or not. There were several cats and a cow shot in the neighborhood about this time, supposed to be mad. I cannot ascertain whether or not he was laboring under the impression that she was rabid. I saw him almost daily after the accident, but he never mentioned the bite to me. On Christmas day he was in my office; he then complained of a peculiar numbness and pricking sensation in that arm, but, knowing nothing of the bite, I attributed his symptoms to some pressure that had been made upon the nerves, and advised him to use some simple lotion. The next day I saw him at his occupation as clerk in a

store; he came to me saying he did not feel well. Upon looking at his tongue, I found it covered with a thick, dry, brown coating. Skin hot; pulse somewhat excited, but small. I prescribed a mercurial cathartic; he sent to my office to get it, but before the messenger returned, he was taken with spasms. They sent immediately for me to visit him. When I got to the house, on going into the room, he was taken with a spasm, which I presume was brought on by my presence. He appeared to be very much agitated, and begged me not to come near him. He said I wished to bleed him, and that he knew the instant he saw blood he would die. I finally convinced him that I did not think he needed bleeding, and that I had no idea of doing it. With this explanation he appeared to be satisfied. On requesting him to let me see his tongue, he put it out with a convulsive effort; it had undergone a marked change since I had seen it in the morning at 11 o'clock (this was 1 o'clock). There was considerable secretion going on; the brown color had changed to quite a light; the pulse also was very slow, feeble, and irregular. I could not distinguish more than sixty beats per minute; there may have been intermediate beats that I could not detect. The skin was somewhat under the natural temperature. The eyes glassy, with the pupils a little contracted. There was considerable mental aberration, which lasted throughout. On interrogating him as to whether he felt any pain, he answered in the negative. Said he should be perfectly well if he could only take a drink, but was unable to swallow. I requested him to try, and reached for the water, but the very sight of it apparently brought on general tremors, with clonic spasms of the pharynx and great constriction of the muscles of the chest. He bit himself once during this spasm upon the arm that had been bitten by the cat. This was the only time I saw him attempt to injure any one. He would request those about him not to touch that arm. It was not until I had made the examination, and gone into another apartment, that I was informed of the bite. I again went into the room and examined the arm while his attention was directed in another way; the marks of the cat's teeth were plainly to be seen; there was no swelling or inflammation. He would tell us that he was mad, but did not at any time speak of the bite.

I now requested that they should send for another physician to see him with me. We tried various ways to see whether he could swallow water, such as blindfolding him, letting him suck it through a reed, but with no better success, except occasionally, with the greatest exertions, he was enabled to take a very small quantity. He complained very much of his teeth hurting him when anything touched them. I attempted to quiet the nervous excitement by giving two grain doses of sulphate of morphia every hour. I stayed with him until 5 o'clock. The pulse now became much more frequent, rising nearly to 100. He appeared more cheerful, lavishing his love upon all who came into the room. Left with directions to continue the morphia. Returned again at 7 o'clock, found him much in the same condition as I had left him, except the pulse was a little more frequent; skin warm, the spasms occurring at shorter intervals, and continuing longer. One symptom I now noticed which I had not observed before, priapism; which was a very marked symptom from this out.

I now tried the use of antispasmodics with no better result than had followed the use of the narcotic. At 9 o'clock in the evening, I saw him in company with Dr. McGuiggin; he was no better. We now commenced the use of narcotics again; left at 10 o'clock. At 4 in the morning they sent for me. Found him much worse; very much exhausted; paroxysms more frequent and of longer duration; vomiting and throwing out saliva upon all about. Anything bright, as the friends observed by taking a bright washbasin for him to vomit in, had the same effect as the water. The pulse was still frequent, but more feeble. I learned that the vomiting and throwing out of saliva had commenced shortly after we left. From this time he gradually sank; the pulse becoming more and more feeble. The skin cold, and clammy, involuntary evacuations from the bowels.

He died at 8 o'clock A. M. Death approached gently, apparently from complete exhaustion. As the parents of the young man were not with him, they being somewhere in the West, I did not seek a *post-mortem* examination.

ART. III.—*A Case of Puerperal Convulsions.* By W. S. FINDLAY, M. D., Tazewell, Claiborne Co., Tenn.

THINKING that a brief report of a case of labor that came under my observation a few months since might not prove entirely destitute of interest to your readers, I beg the privilege of having it inserted in your journal.

Convulsions are less frequent in the country than in the city, thereby showing that the manner of living, and the impure atmosphere of cities, are sources of these formidable attendants upon labor.

We might, did we deem it necessary, enter into a discussion of the causes of convulsions, and the influence of climate and habit in their production. Considering it inappropriate in an article of this kind, we decline entering minutely into the investigation of the subject.

CASE. Mrs. N., aged 19, fair complexion, of a nervous temperament, in her first pregnancy, was, on the evening of April 19, 1857, taken with a severe pain in the head. In an hour thereafter, without any symptoms of approaching labor, she was attacked with severe convulsions of an apoplectic character. Dr. Wm. Barton was called. His treatment consisted in bloodletting, and the free use of antispasmodics. As there was considerable irregularity in the action of the uterus, he had also made use of heavy doses of secale cornutum. Failing in his efforts to relieve the patient, or in any manner to mitigate the severity of the convulsions, and her situation becoming more critical, I was sent for in consultation.

On my arrival at noon of the 20th, I found her in a convulsion; face greatly flushed; bloodvessels full and turgid; frothing at the mouth; heavy, stertorous breathing, with a quick, full, and frequent pulse. Though she had been copiously bled during the night and morning, I again opened a vein, and took near twenty ounces of blood. The bleeding reduced the volume and frequency of the pulse. As yet no purgative had been given. Gave

℞.—Ol. ricini ℥ij;
P. jalapæ gr. x. M.

On examination, I found the head of a large child engaged in

the superior strait; vertex fourth position; os tincæ fully dilated, soft, and pliant; some rigidity of the soft parts; and the rectum impacted with feces. As the uterus had been stimulated by the administration of ergot, the contractions were regular, and the pains frequent and severe, though not effective. On the accession of each pain, the convulsions returned, and, during the interval, the patient lay in a comatose condition. In little more than an hour, the bowels were freely acted upon, still the convulsions continued with almost unabated severity.

Seeing no decided improvement after the lapse of near an hour, I determined to deliver mechanically. Therefore, as soon as the head became engaged in the inferior strait, I attempted to adjust the forceps, though without success. Using one blade as a vectis, however, I soon had the satisfaction of aiding the passage of the head through the strait, when both blades were easily adjusted, and the child speedily delivered. Just as the head escaped from the soft parts, there was a very severe convulsion, which continued till after the delivery of the placenta. After placing the patient comfortably in bed, I gave the following:—

R.—Pulv. opii gr. ij;
Tr. fœtidæ ʒj;
" valerian ʒij;
Aquæ ʒij. M.

For an hour she appeared easier, though still unconscious, in which condition she had been during the whole time she was in labor. Then there was a very severe convulsion—the severest I ever witnessed. Took ten ounces of blood and repeated the above formula. No return of convulsions. Remained two or three hours and left, giving directions for the administration of the above formula every four or five hours, quiet, and some light gruel.

April 21, 10 o'clock A.M. Found the patient conscious of what was going on; had rested badly during the night; complains of tenderness on pressure over the abdomen; lochia scant; feverish; tongue slightly coated; ordered

R.—Calomel gr. ij;
Ipecac. gr. iv. M.
One every two hours till an operation is obtained. Lemonade as a drink.

22*d.* Found patient much better; seems cheerful, seeming to

require nothing more than careful nursing. I visited her no more, leaving Dr. Barton in attendance, who reported from day to day till discharged—cured.

ART. IV.—*Experiments with regard to the Effect of Temperature and Moisture on Vaccine Virus.* By C. T. BONSALL, M. D., Trenton, N. J.[1]

DURING the discussion which took place before this society last year, when the subject of vaccination was ably debated, a suggestion was thrown out by Dr. J. Henry Clark, of Newark, N. J., which led me to make the experiments embodied in these few lines. It was in regard to "the effect of temperature in modifying the specific principle of vaccine matter." A number of scabs were taken from healthy children, a child vaccinated from the scab, and the remainder divided into two portions. It will be well to say here that the vaccination took satisfactorily in every case inoculated by the matter of the scabs previous to the experiments. One portion was powdered and dried over Nordhausen's sulphuric acid and fused chloride of calcium, so as to extract all moisture. The other portion was made into a thick paste with water, and thus treated. Scabs Nos. 1, 2, 3 (wet portions) were subjected to the temperature of zero in a closed test tube, after which, several children were vaccinated with a portion of each scab. Nos. 1 and 2 produced pustules, No. 3 did not. Scabs Nos. 1, 2, 3 (dry portions) were subjected to the same temperature; all produced pustules. Nos. 4, 5, 6 (wet portions), subjected to a temperature of 40° below zero, produced no pustules. Scabs Nos. 4, 5, 6 (dry portions), subjected to same temperature, all produced pustules. Scabs Nos. 7, 8, 9 (wet portions), subjected in a closed test tube to a temperature of 212°, produced no pustules. Scabs Nos. 7, 8, 9 (dry portions), subjected to same temperature, Nos. 7 and 9 produced pustules. Similar experiments, with glycerin as a solvent, were not pursued far enough to warrant any conclusions being drawn therefrom.

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Remarks.—The dry portions of the scabs preserved their specific power for some months afterwards; the wet portions became inert soon after the experiments.

Conclusions.—That temperature does not so much injure vaccine virus as the presence of moisture—that a perfectly dry scab can be preserved for a long time—that the practice of inclosing imperfectly dried scabs in wax, or other matter, to exclude the air, is not correct, the moisture present in the scab being sufficient to produce its decomposition—that another experimenter should verify or refute the above experiments.

Art. V.—*Ethnological Discussion.* By "Elihu."

[The following article our readers will understand to be from the pen of Dr. A. Denny, of Alabama. Reference was made to it in the Reporter for October last, and we insert it now at the earnest request of a number of subscribers.—Ed. Med. and Surg. Rep.]

14. My former article[1] is composed of thirteen sentences, and the truthfulness of each one of them is not denied.

15. Admitting that a common basis is indispensably prerequisite to all fair discussion, it is self-evident to the very weakest understanding, that so soon as any one perceives any valid objection to the basis assumed by his predecessors, then a proposition of, and agreement upon, some mutual basis, is first in order before he can pretend to enter the lists with his predecessors.

16. And it is also self-evident to the very weakest comprehension, that my proposed basis and test of undoubted truth, must necessarily be true and "honest in the sight of all men."

17. If any man imagine that my former article, or any part of it, was intended to have any other meaning than such as is within the reach of the very weakest comprehension, I beg to assure him that his imagination has deceived him.

18. Now, to come at once to the practical point (so very dreadful to dishonest men), we respectfully ask each one who may desire a peaceful and orderly discussion of the subject—

[1] See Med. and Surg. Reporter for August, 1857, p. 389.

19. Firstly: Do you intend to offer, receive, or tolerate, "by ANY means," ANYthing, either in the anticipated basis, or in the subsequent discussion, which is undoubtedly contrary to *any one* undoubted truth?

20. Secondly: Do you object that ALL undoubted truth (or so much as may be pertinent), shall form (at least some part of) said common basis?

21. If each one shall answer both of these inquiries by an unequivocal and unreserved "No," (and I cannot expect any other answer), then we have a basis at once, expressly agreed upon; and one which is altogether satisfactory to myself.

22. If any one have not so great faith as myself in the light, power, and demonstration of undoubted truth, he may propose such additions to this basis as he shall consider most appropriate.

23. But at all events; any man's desire for any additional basis, evidently should not cause him a moment's hesitation in agreeing upon undoubted truth, as at least a part of the inviolable basis of discussion, and test of all so-called, but doubted, truth.

24. Therefore, let every one of the four who have ostensibly taken some interest in the discussion of the subject (and such others as may choose to do so), answer each of these two questions without circumlocution or further delay.

25. It strikes me with great power, that whosoever will thus, or in any unequivocal manner, pledge himself to abide the basis and test of undoubted truth (even though he may now be in the greatest error), gives prima facie evidence of honesty, to all men; and I shall not deny that "an honest man is the noblest work of God."

26. At all events, if he be in error, it certainly is not wilful error; and if he be not in error, he need not fear this basis and test.

27. To lose no more time, this is mailed first to Dr. F., so that it may reach you (Dr. B.), with his answer (and mine), to the above inquiries; and it is desired that the answers of the editor, and Senex, may be also attached before the 20th Sept.

28. Should Dr. F. and Senex answer these two inquiries, which are made very respectfully, I will privately furnish them with my real name and address, should they wish to have it.

29. I answer each of the two inquiries, unequivocally, unreservedly, and unhesitatingly, by an emphatic *No.* "ELIHU."
Sept. 1857.

DARLINGTON, Md., Sept. 14, 1857.

30. The above communication was brought to me by to-day's mail; and I proceed at once to answer fully, and unreservedly, the propositions therein contained, without preface or comment, in the decided negative.

With respect,
W. S. FORWOOD, M. D.

ART. VI.—*Abstracts prepared expressly for the* REPORTER *from Exchanges received at this office and from other sources.*

(*a.*) SURGICAL.

1. *Remarks on the Use of Compressed Sponge.* (Communicated in a letter from Dr. Wm. C. Roberts to Dr. J. P. Batchelder, and published in the *N. Y. Journal of Medicine.*)—The first case in which I employed the compressed sponge, as prepared and recommended by you, was that of a young seamstress, which you saw with me. The disease was "a chronic mammary tumor," in the left breast, the size of a hen's egg. You were so kind as to apply the sponge for me the first time, and I had no difficulty afterwards. A few applications sufficed to remove the disease entirely. In the case of a strumous unmarried mulatto woman, of about forty years of age, in whom the glandular structure of both breasts was in a state of irregular hypertrophy, and much enlarged, a very great reduction in the size and extent of the engorgement resulted from a similar application, and it has not returned.

In no case have I derived more satisfaction in the use of compressed sponge than in that of Master B. S., of this city, who had several large and deep sinuses in the right thigh, running up towards the hip joint, and probably communicating with the bone. The joint was anchylosed from long preceding morbus coxarius. Each in succession closed, under the daily introduction of sponge tents (sponge dipped in a weak solution of gum arabic, and wound tightly with thread, which can thus be made of any requisite size, to enter the fistula, and which the patient, in this case, amused his captivity by making in great variety, and with great neatness), and he is now in fine health and spirits, and with a whole and sound limb. A period of several months was required for the cure. I have used flat disks of sponge, compressed in the copying-press, as applications to foul and fungous ulcers, and I have found from them great benefit in cutting down fungous granulations, causing an uniform and healthy-looking surface, with a good tendency to subsequent cicatrization. I have healed several unpromising and ill-conditioned

ulcers by this treatment alone. I have no doubt of the efficacy of compressed sponge in the treatment of mammary abscess, as employed and recommended by Drs. Foster and Johnson, in the September No. of the *New York Journal of Medicine*, edited by Dr. Stephen Smith. I regret that these gentlemen did not apply the treatment to the sinuses formed after suppuration. I can remember two or three in which the fistula rapidly healed when treated in the manner alluded to in the case of Master B. S. I should be very loath to incise a sinus until I had tried the effect of a compressed sponge tent introduced to the bottom. By its equal expansion in every direction, stimulating by its pressure the bottom of the sinus, and laterally destroying the pus secreting false membrane, with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly toward granulation and cicatrization. I much regret not being allowed to make use of the method in a case of suppurated scrofulous abscess in the neck of a pretty little girl, which I think could have been readily absorbed, but which, under the knife of a rather conspicuous member of the surgical profession, has been attended with some deformity. A prejudice of the parents and friends lest the absorbed fluid should be deposited elsewhere, and some indocility on the part of the young lady herself, defeated my intentions. I was about to apply the sponges in the case of a large collection of pus above the rectus femoris, the result, doubtless, of scrofulous caries of the bone. I hope for its temporary absorption at least, and you shall know the result.

An amiable, but unfortunate girl, once presented herself to me, at a house in my neighborhood which I was visiting for professional purposes, who had been brutally assaulted, the preceding evening, by some ruffians who had forced themselves in. The conjunctiva and eyelids were swollen and extensively ecchymosed. I proposed to her the application of the compressed sponge, warning her, however, that it would be necessary for her to endure a few days of darkness. She consented, and in two or three days I had the pleasure to find the swelling gone, the blackness nearly removed, the patient much pleased and more than ordinarily cognizant. I changed the disks night and morning, and the rapidity of the effect exceeded my most sanguine expectations. I respectfully throw out this hint to such of my brethren as may be called upon to treat this unseemly, annoying, and suggestive infirmity. I once cured a loss of substance of some extent in the scalp, the result of a ragged and irregular wound, caused by a fall, descending quite to the pericranium, by merely putting into it bits of compressed sponge, the size and shape of the opening, and binding them down with a roller. They expanded equally from the absorption of the pus, and with the best effects on the granulatory process: one which would not, I think, have resulted as speedily from the use of lint alone.

I have several times satisfactorily and easily dilated with sponge the meatus auditorius externus, when threatened with contraction, after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections, and an opportunity for observing the tympanum; once thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse, fetid, purulent discharge. The great dila-

tation of the meatus, which resulted from the introduction of the compressed sponge, afterwards wetted, enabled me to excise it at its pedicle, to the great joy of the patient, and afterwards to effect a complete cessation of the discharge. There are affections of the urethra and lachrymal sac in which, were it applicable, the sponge might be useful. You have, I know, devised an instrument for inserting it into strictures of the urethra, with which I hope you will some day be successful. In the nose, in polypi, benign or malignant thickening and ulceration of the Schneiderian membrane, ozæna, and especially in epistaxis, its use could not fail to be beneficial. The width and dilatability of the rectum is an objection to its use, though in ulcerations, excrescences, and contractions, its judicious employment might be rendered available. The same remarks apply, though happily with less force, to the vagina. As a tampon, in threatened or actually existing hemorrhage, in cases of warty vegetations, and ulcerations of intractable character, I have successfully employed it.

Many years ago, I was consulted by a lady, now of wealth and eminence in the far West, for a contraction of the vagina, with fungous disease of the neck of the uterus. The patient was much depressed in mind and health; the connubial act had never been perfected; the vagina admitted with difficulty the forefinger for a couple of inches; its walls were hard and gristly. For a period of two months, almost daily, I distended it gradually, by means of a screw, bilaminated, flattened, rectum speculum (of the old fashion). It cracked, tore, and bled, and the patient, a woman of high intellectual acquirements, amiable temper, and great fortitude (it was before the days of chloroform), and determined, if possible, to be cured, could scarcely endure the anguish. The advantage I gained I secured and augmented by introducing between the expanded blades of the speculum, flattened, conical pieces of wood, increasing them in size, which I left, *à demeure*, as long as they could be borne. Thus I succeeded at length, in introducing a somewhat pointed four-blade speculum uteri, with which I dilated the vagina fully, cauterized the neck, removed its fungosities and ulcerations, diminished its volume by iodine, the prolapsus spontaneously ceased, and in about five months' time, my grateful friend returned to her husband's arms, and has since become the mother of three children, two sons and a daughter: destined, I hope, to be promoters of western commerce, social, intellectual, and moral advancement, and population. Had I but known then, as I do now, the utility of compressed sponge tents in the dilating of contracted cavities, how much time and trouble to myself, and suffering to poor Mrs. N., might have been avoided!

I was consulted, not long ago, by Dr. C. Dunbar, of this city, in the case of a young, unmarried lady, who had a fistula, very small, and not easily detected, about an inch within the vulva, and opening into the rectum, though apparently the thickness of the sphincter ani. It was approachable only when the patient was under the fullest influence of chloroform, and for many days we dilated it gradually with compressed sponge tents of augmenting size. When the layer of parts between the orifices was thus reduced by expansion to a mere film, we incised it, and dressed from the bottom. It healed rapidly. This will appear to my surgical brethren who love the flourish of the knife, and are not

deterred by depth or importance of parts, thickness of substance or discharge of blood, an unnecessarily slow and timid process. Possibly it was so, but it suited my temperament, who think that "discretion is the better part of valor;" who prefer the "*suaviter in modo*" to the *fortiter in re;* the easier, if slower operation of nature, to the violence of art, and consider that no safe and successful plan is the less deserving of esteem because it is slow and gentle.

During my association, in the Department of the Diseases of Women and Children, at the Northern Dispensary, in 1844, with my friend Dr. Crane, now of Brooklyn, we many times employed the gum elastic bougie in dilating the internal os uteri, for the cure of dysmenorrhœa, after the manner of Mackintosh, and often with good effect. Every one knows that the introduction of a bougie is no easy matter in every case; in some, it is impossible, and even when most easy, it is slow work to dilate the os uteri internum by a succession of bougies, compared with the use of tents of compressed sponge, which are generally easily passed, and dilating rapidly will do in a few days what the others would require weeks to effect. Dilatation of the mouths and cavity of the womb, also furnishes facilities for cauterizing the lining membrane in cases of long standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried and compressed, by being wound with fine twine, may be fashioned into a conical form, not much exceeding the size of an ordinary bougie, and passed usually in the grasp of a long bullet forceps with ease into the os, and up into the cavity of the womb. In preparing the sponge tent, which, of course, must be made of varying sizes, your advice that a string be passed through its centre before the compression is made, and not merely tied round its base, must be strictly observed; for, if the latter become detached by the softening of the sponge in the fluids of the uterus, and the sponge break off within the os uteri, it may not be easy to extract it.[1] Also, I advise that on no account a sponge be passed into the os without a string attached, as it happened to me on two or three occasions, to have the tent caught up into the uterus by a species of spasmodic suction out of the grasp of the forceps, and retained there beyond the possibility of immediate reach. It is true, that in a few days, it is thrown off spontaneously, but, in the mean time, it causes pain, a febrile movement, an offensive discharge, and some little anxiety to both patient and physician, which, by suitable precaution, can always be avoided. The great extent to which the os and cavity of the uterus can thus be easily dilated in the course of two or three applications of the sponge, will much gratify those who have

[1] Dr. Batchelder's method of preparing tents for this purpose, is as follows: Pass a long needle armed with a strong thread into the base, and through the whole length of the tent, and out at its point; then reverse it; entering it at the point of the tent, and passing it again through the whole length of the tent, and out at its base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two threads, pendent from the tent, may be twisted together, and form a strong cord, by which the instrument may be withdrawn. He seldom allows the tent to remain longer than eighteen or twenty hours.

not yet employed it in this way; and, by following its removal with a little button of fused lunar caustic on the end of a silver probe, the whole cavity can generally be cauterized with rapidity and ease, or if a suitable syringe, a silver one, long and thin pointed, were at hand, as easily injected. I have seen as yet no syringe accurately adapted to this purpose. The stem of the long glass one in use, even when slenderest, is much too large for the purpose of general introduction into the uterine cavity.

I have not the slightest doubt that the safest, simplest, surest, speediest way of inducing premature labor, will be found to consist in the introduction of compressed sponge tents into the os uteri. I do not see how, if repeated sufficiently often, dilatation of the os, followed by active contractions of the uterus, and the expulsion of its contents, can fail to be induced by them. The following passage from Churchill's *Mid.*, third Am. ed., Phila., 1848, p. 290, indorses these sentiments: "M. Bruninghausen and Klugè have proposed and practised with great success the dilatation of the os uteri, by means of a piece of sponge placed within it and maintained there by a plug in the vagina." Speaking of it, Velpeau says, in comparison with "rupturing" and "separating" the membranes, "it is much more certain. The irritation which results is permanent, progressive, and regular, and *sustained* by the plug which is maintained in the vagina. Under the influence of such an excitement, uterine action is soon brought on, and it rarely fails to acquire sufficient energy." Hayn, of Conigsberg, further says Churchill, adopted this plan with success.

I do not see further, why, in early stages of labor with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent of suitable size might not be introduced within the os uteri, the membranes being either ruptured *or not*, and maintained there for a time by the tampon in the vagina, until such an amount of dilatation occurred as to cause its ejection, and no longer to necessitate its presence. In this way it has occurred to me, in certain cases, the protraction often met with in the earlier periods of the first stage of labor might be overcome as safely as by belladonna, or manual dilatation, and with less trouble than by the system of long continued irrigation, recently proposed as a means of effecting this object, by Dr. Geo. T. Elliot, Jr., of this city (vide *N. Y. Journ. of Med.*, 1857). That this plan does not always succeed, is evident from cases on page 197 of his able article on puerperal convulsions, in the September number of that Journal (Lee, Draper). Sponges are oftener at hand and easier obtained than syringes, and it appears to me more easy and speedier to introduce a sponge into the os, than to inject at intervals several gallons of water.

Permit me to say in this connection, that I am happy to observe that this rising obstetrician has recognized and boldly sanctioned a "more frequent resort" than is customary, "to the harmless measure of manual dilatation in parturient women," on which I have elsewhere, *in extenso*, published my own sentiments (see *Med. Gaz.*, Oct., 1857). He mentions three illustrative cases, and observes justly, I think, that "the non-recognition of this principle has probably cost many lives" May we not hope that ere long the introduction of the sponge tent into the os uteri in early labor, as a means of dilating it, overcoming its rigidity

and lessening the protraction of the first stage, may become a recognizedly admissible rule of practice?

I have thus, my dear sir, agreeably to your request long since preferred, given you hastily, yet in a longer letter than I could have wished to write, my experience in the employment of compressed sponges, a knowledge of the use of which I derived first and wholly from you. For this, and every other valuable result of your long and close observation and extensive practice, which you have so often, so kindly, and many times so serviceably placed at my disposal, accept my grateful acknowledgments. None who use the compressed sponge can fail to be pleased with the safety, ease, and certainty of its action; nor otherwise than indebted to you for teaching them, or at least, most strongly directing them to its uses.

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2. *Statistics of Hernia.*—We find in the *Western Lancet* the following, taken from *Guy's Hospital Reports*. From an analysis of 126 fatal cases of hernia, in Guy's Hospital, the following, among other conclusions, have been arrived at.

That femoral hernia requires operation 25 per cent. more frequently than inguinal, success in its reduction by taxis being less frequent.

That half the fatal cases of hernia die within 48 hours after the operation.

That three-fourths of the cases which refuse to rally after the operation are femoral.

That in about 69 per cent. of fatal cases, inflammation exists, sufficient to produce death.

That femoral hernia is more frequently gangrenous than inguinal.

That ruptured bowel from the taxis, is most frequent in femoral hernia.

That fecal extravasation does not occur so often as 50 per cent. in cases of rupture or perforation of the bowel.

That in femoral hernia early operation is most imperative, and after operation much more frequently followed by sinking.

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3. *Stricture.*—The *Virginia Medical Journal* quotes as follows from Solly: "Never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. The late Mr. Copeland, who was as sound and practical a surgeon as any in his day, said to a patient who afterwards came under my care with very irritable stricture and false passage, 'Mind you never place yourself under the care of a surgeon who is afraid to acknowledge that he cannot always succeed in passing a catheter.' I am told that a hospital surgeon, now deceased, passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in the presence of his pupils. Such a man must have made many a false passage. Of such a proceeding you should have an

intense horror. Every good surgeon will fail occasionally in the introduction of a bougie; but no good surgeon ought to make a false passage; though a skilful surgeon will sometimes do it, when his temper or his pride rules his hands instead of his reason or his conscience."

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *The Therapeutic Use of Oxygen.*—Dr. S. B. Birch has a paper in the *London Lancet* on oxygen as a therapeutic agent. After speaking of the difficulties in the way of its introduction into common practice, partly from an indisposition on the part of the profession to receive it, and partly from the time and trouble necessary for its proper use, he asserts as the result of considerable experience, and close clinical observation, that an increased supply of oxygen to the system may become, under different circumstances, exciting, depressing, sedative, or tonic. The remedy must be applicable to the case, and its effects carefully watched.

Two cases are adduced, tending to show the value of the remedy. S. B., Esq., aged 33, unmarried, of temperate habits, nervo-sanguineous temperament, with some hereditary strumous tendency, had been the subject of secondary syphilis for seven years, and had undergone a variety of fruitless treatment at the hands of many practitioners, regular and irregular. Mercurials, iodides, tonics, &c. &c., were used unavailingly—the "cold-water *cure*" belied its pretensions. In despair, he had made up his mind to undertake a long sea-voyage, when circumstances led him to try the effects of oxygen. When he consulted Dr. Birch, he was apparently in a very critical condition—weak, anæmic, his powerful and muscular frame completely relaxed and attenuated, the skin blanched, and so transparent as to show deeply beneath the surface, general dirty-looking congestion, with occasional spots of complete purpura. There was caries of one superior maxillary bone, cerebral irritation, the eyes being suffused, intolerant of light, and almost useless, with chronic iritis, and some effusion of lymph of low organization. Pulse from 100 to 112, very small, almost imperceptible; tongue white, and relaxed, and though the weather was tolerably warm (it being the month of June), his vital powers were so low as to render it almost impossible to generate sufficient animal heat to keep him alive, the extremities being cold and clammy. He also had a suspicious, short, hacking cough (which had existed some months), with profuse nocturnal perspirations, but there were no well-marked physical signs of tubercular deposit. On the calf of one leg was a very large ulcer, and on the other a little ulcerated point, communicating with a small, but deep cavity. The larger ulcer had commenced in a little spot about a

fortnight previously, and had, for some days been spreading very rapidly, causing much severe pain and constitutional irritation. It presented the peculiar appearance of a mercurio-syphilitic ulcer, exactly circular, about two inches in depth, considerably excavated; the whole circumference, for the distance of an inch and a half or two inches from the edges, was hard, red, and extremely sensitive; there was a discharge of dirty-looking sloughy matter, and acrid sanious fluid.

Altogether, this seemed a very favorable case to test the virtues of oxygen. The patient was ordered to maintain the horizontal position, to use poultices, fomentations, &c. A large dose of the gas was administered, which had the effect of making him feel more comfortable. The following morning, the ulcer still alarmingly progressing, the largest quantity of the gas was administered that could be borne, and also a moderate inhalation in the evening. The ulcer ceased spreading from that time, and during the succeeding fortnight, the dead portions separated, the whole surface was cleansed, leaving the muscle exposed for some distance at the bottom of the cavity, which soon filled up with healthy granulations. The appetite returned, and the capillary and nervous systems rapidly regained tone. Small doses of iodide of potassium, nutritious, but moderate diet with porter, were ordered; cod-liver oil was rubbed into the chest twice a day, and the whole body was daily sponged with tepid water. In five weeks he was able to walk about, and in seven weeks the large ulcer was entirely healed, and he could walk several miles without difficulty. Too much exercise, with irritation from his clothing, reopened the ulcer on his other leg (which had healed over *without sloughing*), and he returned with a bad cough, which had never left him, and profuse perspirations at night, and although the weather was warm he was extremely sensitive to cold. He was put upon the free use of oxygen, with constitutional remedies. All his symptoms were gradually removed, and he was soon able to renew his pedestrian exercise, and even to join in his favorite occupation—the chase. He continued in good health.

Another case is given, in which the patient was much reduced by boils and carbuncles, having at the time twenty or thirty of them. He was put upon the daily inhalation of oxygen, and in from ten days to a fortnight all the eruptions had disappeared.

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2. *Use of Arsenical Preparations.*—At a late meeting of the Suffolk (Mass.) District Medical Society (*Boston Med. & Surg. Journal*), Dr. J. M. Warren asked Dr. Durkee what danger there was in the long-continued use of arsenic. The question called forth remarks from

several of the members on the use of the drug. These remarks are of sufficient interest to transfer to our pages.

Dr. Durkee said he had had considerable experience in the use of this drug; for the last ten years he had used the Asiatic pill more than any other of its various preparations, each pill containing one-fourteenth of a grain of arsenic. His custom is to give one pill with the food, once a day, after breakfast, for twenty days, then omit for four or five days, and resume as before. This plan has been pursued for a whole year at a time without bad effects. He mentioned an instance of a gentleman who, suffering from an obstinate disease of the skin, had taken the Asiatic pill as above directed for six months. At this time he complained of a peculiar prickling sensation in the muscles of his forearms, which, increasing during ten or twelve days, by Dr. Durkee's advice he omitted the arsenic for ten days with complete relief, and then resumed and continued its use for fourteen months. This was the only case he had met with in which there had been any bad effects arising from the use of this preparation. Dr. D. had known of patients taking thirty drops of Fowler's solution (liq. pot. arsen.) a day for six weeks without harm. Infants, of from six to ten months old, can take this preparation in a dose of a half to one drop once a day, with good effect. Latterly Dr. Durkee had used the arseniate of iron, and was much pleased with the results obtained by its use; he had first seen it described in the *London Lancet*, a year and a half since, as recommended by the French; it can be used for any length of time without doing harm. The following is Dr. D.'s formula: ℞.—Ferri arsenic. gr. iij; ext. gent. ʒij; glycyrrh. ʒj. M.—Ft. pil. no. 60. Dose, one pill three times a day. Great stress is laid in the books on the caution to be used in the employment of arsenic, but, administered on the plan described above, Dr. Durkee had found no trouble with it. In this connection, he remarked he liked very much Hunt's admirable treatise. Arsenic is the great remedy in diseases of the skin, if patients are in proper condition to take it. In plethoric subjects, its use might be too stimulating to the stomach and capillaries.

Dr. J. M. Warren said he had been giving Fowler's solution to a young lady of fine personal appearance, with a disease of the skin of seven years' duration, and very intractable. He commenced with giving three drops a day, and gradually increased the dose. At the end of three weeks her eyelids were swollen, and the arsenic was omitted for a few days. The affection of the lids passed off, the remedy was resumed, and she now has taken it for four months with manifest improvement.

Dr. W. had seen a report in the journals that arsenic is eaten habitually by young girls in some parts of Germany to make them more plump, and to clear the complexion, and that on leaving it off the health is lost. It is also used by jockeys to make their horses seem more plump and sleek. Dr. Simpson, of Edinburgh, prescribes arsenic very freely. Dr. W. saw a patient who had taken two drops at a dose daily for two years. He considers it a very valuable remedy.

Dr. Morland asked Dr. Durkee if he had found nausea and diarrhœa ever follow the use of the Asiatic pill in his practice. He had had a case of the kind himself.

Dr. Durkee had never seen anything of the kind; he asked how often the pill was given.

Dr. Morland said that two pills a day were given.

Dr. Durkee had seen, in consultation with Dr. Jackson, a patient over 70 years of age, who had taken three pills a day for several weeks; some itching of the eyelids supervening, they were omitted, and resumed after a few days. Dr. D. thought one pill a day enough when arsenic is to be taken for a long time. It is a remedy that must be continued for some time; its action is slow, but certain.

Dr. J. M. Warren thought the proper time for its administration was after eating, and not before, as then it was less apt to cause disturbance in the digestive organs.

Dr. Durkee agreed to this. He said that after eating it would be sooner absorbed into the system.

Dr. Buckingham had seen the article referred to by Dr. Warren, concerning the use of arsenic by young women in Germany. It was stated that it was necessary to follow it up when once begun, as fatal results are apt to follow its disuse. He thought the article was a hoax. He asked if any gentleman knew whether it was true or not.

Dr. Ellis said it had been contradicted.

Dr. J. M. Warren said that his motive in mentioning it was to ascertain if there was any foundation for the report.

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3. *Milk-sickness.*—Dr. J. W. Crook, of Rockport, Ind., in a letter to one of the editors of the *N. W. Med. & Surg. Journal*, gives it as his opinion that the disease known as *milk-sickness*, which has for several years puzzled medical men, owes its origin in the inferior animals to their eating some poisonous vegetable, and not to any malarious influence, or to any mineral exhalation from the earth, or any floating noxious quality in the atmosphere, and he coincides in opinion with the lamented Dr. Drake that the disease is caused by cattle eating a species of the poison oak (*Rhus Toxicodendron*). Dr. C. has inspected, time and again, localities, wood pastures, where sheep, cows, and horses had contracted the trembles, and in *no* instance was this vegetable found wanting. On one occasion, an intelligent farmer saw a sheep eating freely of this vegetable from a luxuriant growth that had sprung up alongside of a decaying log, which sheep died the next day of trembles.

Stock are not passionately fond of this weed, though they will eat it in times of general scarcity in proportion to the requirements of their appetites.

The poison oak is peculiar to high broken grounds, and scarcely, if ever, found in alluvial bottoms, at least, not in this county. The disease is never contracted in the bottoms in no instance of the kind. The people use beef, milk, and butter, without the least fear, and enjoy perfect immunity.

It is certain that the slightest culture of the soil destroys the cause, and has never been known to reappear; and it is equally certain and

well known that the Rhus Tox. answers to these peculiarities. It is but slightly attached to the earth, running along on the surface just under the leaves and other trash, throwing down fragile tendrils which attach to the loose soil, and a weight of five pounds will break up the largest bunches.

I have never known a case of the disease, or anything approximating its peculiarities, that was not traceable to the use of meat, milk, or butter. Once, however, I had like to have been *stumped* over this position. A gentleman in town was attacked with *all* the prominent symptoms, but assured me there was no possible chance for milk-sickness; though using butter, it was from the most reliable source. He was treated as we ordinarily treat the disease, and finally got well. It was subsequently ascertained that, although the cows were "kept up," it was in a sort of mixed pasture, in which woodland ground, that had never been in cultivation, predominated, and in that part which had been cultivated, there was but little for the cows to eat. I said my patient got well, yet he never felt fully *normal;* whenever the pupil of his eye covered the butter dealer, he exhibited slight evidences of the *trembles*, notwithstanding his proverbial good nature.

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4. *Sulphur externally in the Treatment of Rheumatism.*—The *Medical Times and Gazette* (*Western Lancet*) speaks of Dr. Fuller's experience in the external application of sulphur in rheumatism. If the sciatic nerve is the part implicated, Dr. Fuller orders the whole of the affected limb to be encased in flannel thickly sprinkled with precipitated sulphur. This flannel is kept in its place by means of a bandage, and the whole limb thus bandaged is covered with oiled silk or gutta percha, thus confining the vapor and odor of the sulphur, while the absorbent qualities of the skin are increased. This bandage should be kept applied day and night. The sulphur is rapidly absorbed as is manifested by its odor in the breath, urine, feces and cutaneous exhalation. If the pain is seated in parts to which bandages cannot be conveniently applied, Dr. Fuller orders the compound sulphur ointment to be rubbed in for twenty minutes, night and morning.

In the case of a man thirty-three years of age, who had been suffering for nearly nine months with sciatica on the left side, and in which the ordinary remedies failed to afford relief, while the general health of the patient was beginning to fail, Dr. Fuller ordered full doses of the sesquioxide of iron, and had the sulphur applied as directed above. In little more than a week the pain was much relieved, and had ceased altogether in less than a month.

If there is acute pain, feverishness, or a dry, inactive skin, the sulphur remains unabsorbed for many days, or even weeks. It is, therefore, inapplicable to such cases. But when there are no symptoms of active disease, when the pain is of a dull aching character, and felt chiefly, if

not solely, when the limb is in motion; and when, more especially, the skin acts freely and the sulphur is rapidly absorbed, so as to require renewing every third or fourth day, then, according to Dr. Fuller's observations, nothing proves so serviceable as the sulphur.

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5. *Treatment of Erysipelas by the Topical Application of Tobacco.*—We find in the *Western Lancet* some remarks by Dr. John G. Stephenson of Terre Haute, Ind., on the topical use of tobacco in erysipelas. He has found it so uniformly beneficial that its use has become with him a matter of routine. The treatment is simply the covering of the inflamed surface with wet tobacco leaves (such as are to be had at any cigar shop), which are permitted to remain until much nausea is produced. The powerfully sedative action of tobacco on the arterial system, its relaxing and diuretic properties, would seem to point to it as one of the best agents with which we are to combat inflammation. But while the excessive nausea produced by its internal use is a bar to its free employment in that way, Dr. Stephenson's experience with it seems, to him, to establish its power and safety, when cautiously applied to a cutaneous surface to remedy a local inflammation. We quote a single case as illustrative of Dr. Stephenson's mode of using the remedy.

Case. Mrs. W., aged 51 years, of bilious temperament, and in good health, was attacked after slight chill and fever, with swelling, redness and pain, on the forehead. Saw her for the first time on the morning of the fourth day of the disease—when the inflammation had extended over the entire scalp and face, except the lower lip and chin, and was still spreading, with well-defined edges. The swelling was so considerable, as completely to close both eyes, and there were some blebs on the right cheek; pulse 95, full and hard; tongue covered with a light brown coat; bowels costive. On the second day the inflamed surface (then small) had been several times painted with tinct. iodine. Ordered—

℞—Hyd. chlo. mit.,
Jalapæ, āā, gr. x.—M.

Also the removal of the hair (except a strip across the front part of the head), and the application of wet tobacco leaves over the whole head, to remain "until she is very sick," after which it is to be frequently washed with soap and water.

Evening.—Patient has been frequently purged; the tobacco remained on the head about an hour, producing much nausea and prostration; pulse 85, less full and hard than in the morning; tobacco reapplied as before.

Fifth day—morning. Swelling and pain considerably abated, tobacco reapplied, to remain thirty minutes, and then be exchanged for fomentations of warm soap and water.

Sixth day. Pain has given place to itching, and the swelling is rapidly diminishing. Patient discharged.

Saw Mrs. W. four days after, when desquamation was nearly complete.

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6. *Epidermic Administration of the Sulphate of Quinia.*—Dr. Daniel F. Wright, of Cincinnati, mentions in the *Western Lancet* a case of the successful employment of quinia in the following manner: The patient was a little girl, about four years old. A mild attack of scarlatina was followed by an obstinate fever of remittent type. An attempt was made to treat this with quinia, which failed, from the resistance of the child, irritating and increasing the disease. Feeling persuaded that nothing but quinia would relieve the symptoms, Dr. W. determined to try to give it by the epidermic method. The state of the skin from the effect of the scarlatina was particularly favorable for absorption, without the removal of the cuticle. A sort of half jacket was made of coarse domestic, covering the thorax and part of the abdomen, about two-thirds round the body. This was to be kept saturated with a solution of quinia, according to the following formula:—

℞.—Sulph. quiniæ ʒj;
Acid. sulph. arom. fʒij;
Aquæ fʒij ʒvj.—M.
Ft. solutio.

The whole was covered with oiled silk, to prevent absorption by the clothing. When Dr. W. saw the patient, some hours after the first application, he found the fever abated, and after a reapplication of the "quinine jacket," there was no further return of fever. This case, in addition to its usefulness as a hint to physicians, under similar circumstances, presents an interesting physiological phenomenon. About half an hour after the jacket was put on, the child complained of a bitter taste in her mouth, and insisted, with indignation, that quinine had been given her during sleep. The taste left after some time, but was renewed on eating, or *even thinking of eating.* The only means of accounting for the child tasting the drug, is that of the blood being sufficiently saturated with it to effect the nerve filaments of the gustatory papillæ in the same manner as if it had been brought in contact with them externally. Dr. W. doubts whether this mode of quininization could be equally successful in older persons, their skin being less delicate, and vascular; and thinks it might even be more difficult in children whose skin was not so well prepared by previous disease as in the case mentioned.

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7. *Case of Narcotic Poisoning in an Infant six days old; Recovery.*—Dr. C. N. Chamberlain, of Northampton, Mass., reports in the *Bos-*

ton Med. and Surg. Journal, a case in which an officious and ignorant nurse administered two grains of opium, in powder, to an infant six days old. It was given on the principle that, What is sauce for the goose is sauce for the *goslin;* the same dose having relieved the mother of *post-partum* pains, must be just the thing for a colicky child! Dr. C. saw the child two hours after the opium was administered. The respiratory function was suspended, the face and lips livid, the pupils contracted to a point, and the infant in a state of complete asphyxia. The radial artery pulsated slowly and irregularly. Artificial respiration was immediately resorted to and continued for ten minutes, resulting in greater distinctness and regularity of the arterial beat, and a partial bleaching of the leaden features. Encouraged by these slight results, the same means were continued, to which were joined the application of energetic rubefacients to the spine and extremities, and of dry heat to the rest of the cutaneous surface, and the application of volatile ammonia over different portions of the body, together with repeated enemata of brandy and turpentine. In half an hour, the artificial respiration was suspended for the purpose of rest, when a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laboring and irregular pulse. In from three to four minutes the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued with occasional interruptions for more than three hours, before continuous unaided respiration was sustained. The artificial aid to respiration was now withdrawn, the external agents continued, broth was added to the injections, and to one of them castor oil, which was followed by a copious alvine dejection. It was not until ten hours had elapsed after the narcotic had been taken, that anything could be introduced into the child *per vias naturales*. In twenty-four hours scarce a trace of the effects of the poison was observable.

There is no doubt but many a life might be saved under similar circumstances, were the same persevering use of remedies resorted to.

(*c.*) MISCELLANEOUS.

1. *Dr. Bowling on "Isms."*—Dr. Bowling, editor of the *Nashville Journal*, discourseth thus on this subject. The true physician ignores, scorns, and loathes from his lofty eminence the miserable and noisy pretenders who are jabbering about schools, and systems, and roots, and calomel, and minerals, and vegetables, and eclecticism, and homœopathy, and Thomsonism, and thermalism, hydropathy and allopathy, aero-

pathy, and unapathy, *et id omne genus.* We say the true physician ignores these terms. They never escape his lips.

Being sent for in the case of a northern illuminata in the person of a lady suddenly seized with illness at one of our hotels, immediately upon entering her room she inquired whether we were an allopathist or a homœopathist? We replied, that we did not belong to the army or navy, and did not understand the terms employed by politicians in referring to these branches of the public service. She stared at us so wildly as to betray her suspicion of our sanity. We recalled her to herself by asking if Dr. B. had been sent for to prescribe for her? "Well," said she, "I must know what sort of a physician you are first." "Ah! but, pardon me, madam, you must be aware that you can only learn that at the last, after you have made the experiment."

"But you can tell me first to what party you belong."

"Well, my dear madam, I do not belong to any party, the parties, as you term them, belong to *me.*"

"You are a *regular*, then."

"No, madam, never having enlisted nor taken any bounty, I have always regarded myself a volunteer."

"Please tell me what you are."

"I am a physician, at your service, madam."

"Of what school?"

"Of the medical school, madam."

"What do you give your patients?"

"Advice, madam."

"What sort of medicine?"

"When reduced to that I refer them to the apothecary."

"Do you carry in your pocket a little case of phials filled with little pills, or globulistic medicaments?"

"Pardon me, madam, I am not an apothecary of the peripatetic philosophy, but only a physician. Presuming you are no lawyer, and assured that I am no witness on the stand, but only a physician, I wish you, my dear madam, a very pleasant morning."

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2. *Medical Education in Egypt.*—In the Boston correspondence of the *Cincinnati Med. Observer*, we find some extracts, taken from a letter written to the *Boston Traveller* from Syria, concerning medical matters in Egypt. It appears that Said Pasha, the present viceroy, has reorganized the old school at Cairo on a liberal scale, and endowed it in all its departments. "The instruction is to be divided into two branches: the Medical and the Pharmaceutical; to which will be added such other instruction as may be required. The Professors may be na-

tives or foreigners, who will be assisted by Adjunct Professors. The full course will embrace five years, which, however, will not be equal to three in American Medical Schools, considering the small preparatory education of the Egyptian students. The following sciences are embraced in the course of instruction: Natural philosophy, Chemistry, Botany, and Mineralogy, especially in their relations to the Medical Art; Descriptive Anatomy, Physiology, Hygiene, Pathology, Medical and Chirurgical Clinics, and Pathological Anatomy." A certain sum of money is to be paid to each student, and his instruction, food, and clothing, to be gratuitously furnished him.

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3. *Preparation of Skeletons.*—Dr. B. H. Washington, of Hannibal, Mo., in the *Nashville Journ. of Medicine*, recommends a simple, neat, and labor-saving plan for preparing anatomical specimens for the museum. After cutting off as much of the flesh as can be conveniently done, put the skeleton in "the rough" into a box, perforated with holes, and place it where the ants can get at it. In a week or ten days, these little dissectors will have stripped every part perfectly clean, leaving a far more beautiful specimen than any man could prepare. They will take off every particle of flesh without touching the ligaments, and leave every bone clean, if no larger than a pin. Dr. W. says: "Some years since I made some preparations of small fish, and so elegantly were they cleaned, that no lover of anatomy could well look on them, without a quickening of the pulse." The skeleton should be secured in a proper position by a few pins, and the transfer from the box to the museum can be made without further trouble, except varnishing. Care must be taken not to leave too much flesh, lest decomposition take place and injure the ligaments. Much labor and time will then be saved, and the specimens present an appearance infinitely superior to those prepared by the old method.

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4. *An Industrious Governor.*—We take the following complimentary notice, of the Governor of New Jersey, from a southern paper. We would merely add that the day on which Gov. Newell was inaugurated last winter, the roads were so blocked up by snow that it was impossible to travel by any kind of conveyance, except that provided by nature. The governor elect, however, was equal to the emergency, and appeared at Trenton ready to take the oath of office, at the appointed time, much to the surprise of many who were wondering what constitutional provision there was in a case where a governor elect failed to appear on inauguration day. He had *walked* all the way from his home in Allentown to Trenton, through immense snow-drifts, and in the face of a driving storm!

The editor of the Suffolk (Va.) *Sun*, who, while on a recent tour through the North, chanced to make the acquaintance of our governor, through the introduction of a friend, thus writes in the last issue of his paper.

Gov. Newell, of New Jersey, is a remarkable man. He is a physician by profession, and before he was elected governor, was engaged in a lucrative practice. This practice he has not abandoned, but manages, by his great industry and perseverance, to attend to the affairs of the State and continue his practice as a physician.

His residence is at Allentown, ten miles from Trenton. He is in Trenton nearly every day, rising early in the morning and attending to his patients and getting in Trenton in time to attend to all his official business as governor. During the sitting of the Legislature last winter, he would rise early, drive round and visit his patients, get to Trenton by 10 or 11 o'clock A. M., and remain in the city until 10 or 11 o'clock at night, and then go home and be ready to attend to his patients the next morning.

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5. *An English Advertising Doctor.*—We cut the following *genuine production* from the English correspondence of one of our newspaper exchanges. It is worthy of preservation.

Roger Giles, sur John Parish Clark and Skulemaster reforms ladys and gentlemen that he drass teeth withoue waiting a moment, blisters on the lowest tarms, and viziks for a penny a peace. He Zells Godfathers Cordel, kuts korns, and undertakes to keep everybodys Nayles by the year, or so on. Young ladees And gentlemen larned there grammer language in the purtiest manner, also gurt kare taken off their morals and Spellin, also zarm zinging teeching the base vial and all sorts of phancy Work. Queer drills, pokers, Weazils, and all other Contrary dances tort at hoam and abroad at perfekshun. Perfumery and snuf in all its branches. As times be cruel bad, He begs to tell that he is just begun to sell all sorts of tashuary wares, Kox, Hens, foles, chux, Poltry, Blaking hauls, herrings and coles, skrubbin brushes, trakel, Godly bokes and Bibles, Gimlets, mice-traps brick-dust and Whisker seed, and all sorts of sweet meets, including taters, sassages, and other garden stuff, also phrute, hats, zongs, hoyle, lattin bukets, and other eatables. Korn and bunyad zarve, and all hardwares. He also performes fleabottomy on the shortest notice; and farthermore in patickeler he has laid in a large assortment of type, dog's meet, lollippops and other pickels—such as Hapsom Zalts, hoyters, windzer Zoap, &c., old rags bort and sold hear and nowhereshelse, new laid eggs every day by me Roger Giles.

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6. *Faithful Servants.*—Dr. Edward Dorsey, of Hagerstown, Md., lately lost a horse in the 45th year of his age, which he had used in his practice for thirty-seven years! The doctor's "poor patients" ought to take up a penny contribution and build a monument to the memory of the faithful animal.

Dr. Joseph Parrish, formerly editor of this journal, has in his possession a portrait of "Lion," a horse which belonged to his father, the

late Dr. Joseph Parrish, of Philadelphia, who, at his death, left ample provision for the animal's maintenance. He did not long survive his master, whom he had faithfully served for nearly thirty years, and died at the age of thirty-four.

7. *Longevity among English Quakers.*—For some time past the pages of the *London Lancet* have been enlivened by a controversy on tobacco, its uses, abuses, &c. Among the items which have been developed in the course of this discussion, a correspondent, "D," furnishes the following:—

Mr. Niel having asserted "that Quakers, who never smoke, reach a good old age," I was determined to make inquiries on the subject, and find that here and there a smoking Quaker is to be met with, but that the habit is not common with members of the Society of Friends. Of course, there are exceptions to every rule. The following statistics cannot fail to prove interesting to general readers. Smoking not only leads to drinking, "but it diminishes the *saccharine* constituents of the blood."

"In the year 1855–56 there died 287 members of the Society of Friends in Great Britain, of whom there died from birth to five years old, 37; from 5 to 10, 8; 10 to 15, 5; 15 to 20, 12; 20 to 30, 18; 30 to 40, 17; 40 to 50, 19; 50 to 60, 23; 60 to 70, 46; 70 to 80, 50; 80 to 90, 43; 90 to 100, 9."

From this it will be seen that the *greatest* mortality amongst Quakers is between the ages of 70 and 80; the next greatest between 60 and 70, and the third greatest between the ages of 80 and 90.

8. *The Tomb of Hippocrates.*—The *Esperance*, of Athens, states that near the village of Arnacutli, not far from Pharsalia, a tomb has just been discovered, which has been ascertained to be that of Hippocrates, the great physician, an inscription clearly enunciating the fact. In the tomb a gold ring was found, representing a serpent—the symbol of the medical art in antiquity—as well as a small gold chain attached to a thin piece of gold, having the appearance of a band for the head. There was also lying with these articles a bronze bust, supposed to be that of Hippocrates himself. These objects, as well as the stone which bears the inscription, were delivered up to Housin Pacha, Governor of Thessaly, who at once forwarded them to Constantinople.

One of our contemporaries suggests that as the name Hippocrates was about as common among the Greeks as Smith is among us, there may be some uncertainty about the identity of the tomb in question.

9. *Ancient Quack Medicines.*—It will appear from the following, copied from the records of Massachusetts, that the early fathers of the commonwealth were more severe upon quacks than we are: "Nich. Knopp is fined five shillings for takeing upon him to cure the scurvey by a water of no worth nor value, which he sold at a very dear rate; to be imprisoned till he pay his fine, or give security for it, or else to be whipped, and shall be liable to any man's action of whom he hath received money for the said water."

MEDICAL SOCIETIES AND CLINICAL REPORTS.

Art. VII.—*Philadelphia County Medical Society.*

Feb. 10th, 1858. 7½ P. M. Dr. Mayberry, Vice President in the chair. While awaiting the arrival of Dr. T. F. Betton, the lecturer of the evening, Dr. Turnbull related a case of double cephalamatoma. He was called to a lady in labor, which was so rapid, that the child was born when he arrived. At that time, he noticed nothing remarkable about the child. On the fifth day, his attention was called to a tumor on the head, in fact, two tumors, one on each parietal bone. They were about four and a half inches across. He directed a spirituous lotion, but they still increased, and about the seventh or tenth day, he could feel a peculiar hard ridge around the edge of the swelling. He consulted with Dr. J. F. Meigs, who mentioned the fact of having cured such a case, by poulticing, and advised a like treatment in this instance. But, though poulticed with much care every four or five hours, on the twentieth day there was no material diminution. He then inserted an exploring needle, and blood issued freely. It was evidently under the pericranium. The family being anxious for an operation, he made a free incision at the lower end of one tumor, and in consequence of the free effusion of blood, was compelled to use compresses, and cold applications. When this had ceased, he inserted patent lint, and applied adhesive straps, bandages, and a cap over all. On the following morning, he found the cap saturated with blood, and removed all the dressing, except the adhesive straps. Now, thirty-six days from the commencement, the tumor has almost wholly disappeared. That on the other side, he did not open, but applied straps, and it also gradually disappeared.

Dr. Condie said these were rare occurrences, he believed, in this city. He had never met with a case, in a practice of forty-three years, where the blood, as in the case related this evening, was situated upon or beneath the pericranium. Tumors are common, in which the blood is effused between the laminæ of the scalp. It would be an interesting fact, could it be determined, to know whether, in Dr. Turnbull's case, the presentation had not been changed in the course of the labor. It is a very common opinion, and perhaps a correct one, that these tumors are produced by the pressure of the uterus upon the fœtal head during labor, the blood being driven into the most advanced part. The worst plan is to open them. If they are caused by a morbid condition of the peri-

cranium, or of the vessels that penetrate the bones, the best plan is to keep them closed. Cold compresses are preferable in his opinion to warm poultices. In Europe, they apply astringent lotions, but he could think of none there, who recommended warm applications. These tumors have been, and are very liable to be mistaken for fractures of the bones.

Dr. COATES asked on what part of the parietal bones these were situated?

Dr. TURNBULL replied that they were on the centre of the bones, directly over each boss, and at present, each bone seems somewhat enlarged.

Dr. JEWELL had had three of these cases, and all after tedious labor: each was situated on the presenting part. The first remained over three weeks. He used cold astringent lotions, and not succeeding, followed these by poultices; had suppuration, opened the abscess, and extensive purulent discharge followed, which left the child with a deformed scalp, and on this part the hair never grew.

In the second case, he used iodine lotions, and after ten or fifteen days, it began to subside, and was soon well. In the third, he also applied the iodine, for ten days, or two weeks, and not succeeding, used warm bread and milk poultices, and absorption rapidly followed. The cupped appearance, to which Dr. T. alluded, was present in all these cases; it felt like a depression of the bone, but he did not consider it peculiar to the disease.

As the lecturer had not arrived, and it was past the time for expecting him, Dr. CONDIE proposed for the consideration of the members, an important subject, and one which may be made to throw considerable light on the pathology of disease, &c., viz., *intra-uterine diseases.* Smallpox has been communicated to the fœtus, and it has been born with the eruption. Children have been born with extensive tuberculization of various organs, which, in some cases, had gone on to softening, and produced inflammation of the neighboring parts. Sometimes, we had disease, when the mother exhibited no symptoms of it, as pneumonia, peritonitis, &c. Numerous cases are related of the latter disease, where adhesions have been formed, showing that inflammation of a severe grade had existed. Prof. Simpson, of Edinburgh, had published a paper in which he refers to a number of cases. In a large number of the instances on record, Dr. C. had found the mother had erysipelas, when the child had peritonitis. As the relation between erysipelas and peritonitis is now fully recognized by the profession, and there is not the least doubt but that erysipelas is a disease of the blood, the external phenomena, and concomitant affections of internal organs are merely results of the same blood disease. The mother had escaped,

and the fœtus had had peritonitis with effusion and adhesions. The modern doctrine of phlebitis as a cause of pyemia, is that the phlebitis is the result of the diseased condition of the blood itself, and the diffused abscesses are not the result of pus taken into the circulation and deposited in particular parts, but that the depots met with in different organs in cases of empyema are in fact small abscesses produced by inflammation occurring at the place where the pus is discovered. The whole subject of intra-uterine diseases is but in its infancy, and curious results are no doubt to be derived from its close investigation.

One other form of disease is common in the fœtus in utero, and that is erysipelas; in the great epidemics of puerperal fever, at least two-thirds of the children were born with it upon them, and in many, there was peritoneal inflammation.

Dr. COATES mentioned a case of a child with cyanosis, which died in five months, where was found an open foramen ovale, and the lungs were crowded with tubercles, accompanied by emphysema of the kind ascribed by Rilliet and Barthez to children, with large cavities between the lobules, and some of these were one and a quarter inch long.

At the risk of producing disgust at the breakfast table, he would mention a phenomenon concerning eggs. Many were found on breaking them after boiling, to have the membrane adhering to the albumen so strongly, as to tear out patches of its substance. This was formerly rare, but at present a very large number of the eggs were so affected. He considered it due to an amnitis, or inflammation of the amnion, produced by carrying over railroads.

Dr. MAYBERRY had noticed several instances where children were not susceptible to the vaccine disease, where the mother had been vaccinated while carrying them, and had observed the same result from modified smallpox.

Dr. CONDIE remarked, that in the first of the modern epidemics of smallpox, in this city, a lady was affected with the modified form during the eighth month of pregnancy. It was light, and no remedy was required; but few imperfect pocks appeared. The child was born covered with genuine smallpox, and died within one hour. He never saw a more beautiful specimen of discrete smallpox, and some pocks had gone on to the period of maturation.

Dr. FLEMMING had attended a lady in labor, who was delivered of a child in a putrid condition. Scarlet fever had been in the family; one child had died with it, while the mother was far gone in her pregnancy. Since that time, she had not felt any movement of the fœtus. The presumption was, that the child had died of scarlet fever.

Dr. JEWELL had, like Dr. Condie, a case of a young father who

died of malignant smallpox on the seventh day. On that day, his wife was confined, having had varioloid previously, and the child was covered, when born, with a full crop in the first stage, and died of the malignant form.

In connection with this, he mentioned a case of a child born with a mark similar to a vaccine mark on its arm; the mother had been vaccinated during pregnancy.

Dr. EMERSON, without intending to endorse this last, but considering it as a mere coincidence, would say, that the subject of vaccination during utero-gestation was of importance to decide. In epidemics, pregnant women were desirous of being revaccinated. Some medical men, of very good authority, decline so doing. He would like to hear the sentiments of the members on that point.

DR. CONDIE asked what possible objection could exist, when we frequently vaccinate a child but a few days old. In the Foundling Hospitals of Paris, every child was vaccinated immediately on being received, and distinguished accoucheurs vaccinate within the first three days. The vaccination of the mother could not produce abortion, and if it really did extend its protective influence to the child, what could be the objection to its performance? What harm could possibly result?

Dr. R. K. SMITH remarked that the question started this evening opened an interesting field of inquiry. The important practical point to discover, was the one alluded to by Dr. Emerson, viz: "the propriety of vaccinating or revaccinating pregnant women." The remarks made by the chairman and Dr. Condie presented this subject to the mind in two different points of view. If revaccinating the mother protected the child in utero, or on the other hand, if, as Dr. Condie seemed to infer, it communicated true variola to the offspring, then, indeed, it was important that the question should be decided.

Dr. CONDIE (interrupting). I said nothing of the kind.

Dr. SMITH. You certainly related a case that led to that inference, and so did Dr. Jewell.

Dr. JEWELL (interrupting). I said nothing about revaccination, or the vaccine disease producing smallpox in the child; I said where modified smallpox had been developed in the pregnant woman, it produced the true disease in the fœtus in the case above named.

Dr. SMITH. Well, if Dr. Jewell will explain how modified smallpox or variola vaccinia can occur without vaccination, I will give up the point. He certainly understood both the gentlemen to state their cases precisely as he had related them, and if he was mistaken in regard to Dr. Condie, he apologized for calling him up. He contended that if a child was born covered with a true variolous eruption, imparted to it by the mother

from revaccination, it was an operation not to be thought of in pregnancy; but he maintained the diseases of variola and kinepox were entirely different, and would not produce each other. If the views of those gentlemen were correct, it seems the mother conveyed to the child a disease of which she had not the first symptom, as cowpox is a new disease. He did not rise to discuss the question, but simply to refer to it, as a very interesting one, and to suggest that it be made the subject for a future meeting, when gentlemen would come prepared to investigate it thoroughly.

Dr. CONDIE said that which proves too much, proves nothing. If Dr. Smith's ideas were correct, it would be unnecessary to resort to vaccination in a child born of a vaccinated or variolated female. The protection afforded by vaccination must result from a peculiar change wrought in the tissues of the various organs of the being by the vaccine virus. We have a new being formed by, and in connection with the maternal organs, which had already undergone this change, in consequence of which she may have the disease in a modified form, or not at all, but the child whose tissues have not undergone the peculiar change, will have it in the unmodified form. Now all these diseases, smallpox, varioloid, and the vaccine disease, are the same in their *first elements*. In epidemics, a patient with varioloid will, and frequently does, give the genuine smallpox to others. It has been shown by experiments in Denmark, Holland, and Germany, that they are one and the same thing; and it has been proposed by Dr. Mohl, of Copenhagen, to inoculate the cow, in order to produce a fresh supply of vaccine matter; he says that he has produced vaccine matter in this way. There is no direct communication between the circulation of the mother and the child. By microscopical examination of the blood we find none of its leading features to be identical in the mother and child. There is no connection; they are two independent beings; each builds up its own tissues.

Dr. R. K. SMITH asked how the poison of disease was communicated to the fœtus by the mother, if there was no participation by the fœtus in the circulation of the mother? If vaccine disease and variola are similar, why vaccination was resorted to in order to protect rather than inoculation?

Dr. CONDIE answered that it was easy of explanation. If we apply matter to the skin, or arsenic be placed in the food of the mother, it would poison the fœtus. The umbilical vessels take up this, to form blood for the fœtus, and if the blood of the mother is poisoned, the fœtus feels it. But not in all cases are diseases communicated to the fœtus. These are the exceptions. The modification of the variolous matter which it undergoes by passing through the cow, renders it less dangerous.

The vaccine disease is not contagious, but varioloid will give off exhalations and fomites, which poison others. Thousands of cases have proved that varioloid will produce genuine smallpox. That vaccine matter undergoes a change, is admitted by all the Europeans, with the exception of the English.

Dr. EMERSON, in view of the acknowledged risk of a woman in gestation communicating disease to the fœtus, thought the doctrine, if it be true, that variola and vaccine disease are identical, would warrant us in making a distinction in regard to vaccinating or revaccinating a pregnant woman. Revaccination was justifiable, but the other was not, as it might produce smallpox in the fœtus.

Dr. NEBINGER thought himself justified in concluding that children in utero do suffer and die from disease, and also that mothers in this condition have diseases which are transmissible, and yet do not transmit them. At this point he would relate three instances :—

A lady died three days after her accouchement of malignant smallpox; the child is living still. Anxious to know the result of disease as to the offspring, he followed up the case, and found no evidence of ever being influenced by the variolous poison. Another lady, seven or eight months gone, had smallpox distinct, and she got safely through; the child was born, and is living; there is no evidence of smallpox having been produced on it. Fearing the poison that might still be lurking about the house, he vaccinated the child, and it was fully affected by the vaccine disease. A little girl had violent smallpox. The mother was pregnant; two weeks rolled around, and the girl being convalescent, the mother was confined, and the child vaccinated the day after. This run its course regularly, and varioloid resulted. He did not intend this as an evidence that smallpox was not produced in utero, only as important to know the pros and cons, the yeas and nays, of the subject. He did not conclude that cases could not occur of the fœtus receiving disease from the mother; on the contrary, from the well authenticated facts of children being born with the disease (smallpox for instance) that the mother had but a short time prior to delivery, he believed that disease could be conveyed to the fœtus; and the cases related by him were not offered to disprove the fact of the child in utero being affected by the disease the mother was suffering with, but were offered as evidence to prove that the child in the uterus, as is known to be the case out of the uterus, possesses that peculiar condition of system which makes it susceptible to morbific influences. Hence it is that if the mother whilst pregnant should be brought under the influence of the vaccine virus, there is no certainty that the fœtus would be influenced also.

Dr. COATES remarked, in regard to what Dr. Jewell had said concern-

ing coincidence of *marks* on the fœtus, that when young, and engaged in the Pennsylvania Hospital, he saw a pregnant woman who had been badly burned, and the child was born with several patches of skin off the legs, remarkably like the burns. He believed that as the child was killed by the accident, putrefaction had caused this.

Dr. JEWELL saw an interesting case of the kind. A child fell in the street, and lacerated its ear; it was brought to the mother, in her third month of pregnancy, who applied a napkin to the part, took it off, and seeing the whole cheek covered with blood, was much alarmed. When the fœtus was born, the right side of the face was covered with a varicose aneurism. But, of course, this was merely a coincidence. He asked that Dr. Condie would give them some new theories to account for this.

Dr. CONDIE replied that it was a curious idea, the gentleman asking for theories, when in all his publications there would be found very little theory. An incident is related by an admirable author, Dr. Buchan, in his "Advice to Mothers." He gives a case, where the shock was so great that the child ought to have been deformed, if it was possible for the mind to effect it. A female in Edinburgh, six months gone, while sitting in her room was much startled by an escaped monkey jumping upon her shoulder. In great alarm she sent for Dr. B., sure that her child would be a monkey, or something horrible; but lo! the fright had no effect. In another case, a baker's wife, in her sixth month, had her husband brought home from a riot with his right shoulder injured. When the child was born it had a nævus on the left shoulder. Now, as the nurses said this was a mistake, nature should have put it on the right shoulder. In looking over the last edition of Dr. Watson's work, he was much surprised to find that gentleman believing that the imagination of the mother may produce an effect on the fœtus. He could not see how, as there was no nervous connection.

Dr. CURTIS saw a lady in her first confinement, who, when the child was born, and before she had seen it, asked about the cherry. On enquiry, he learned that three months before, her brother had thrown a black cherry which struck her on the head, and she was certain the child would be marked with a cherry. On examination, he found a nævus exactly on the top of its head, very much resembling a black cherry.

Dr. COATES did not believe that the imagination of the parent could impress on the body of the child any mark resembling at all the object which had affected the imagination in a lively manner. But he could not consider this proved by the absence of nerves in the umbilical cord. Gentlemen much respected for their science, who were believers in animal magnetism, considered that the nervous influence could be projected from one individual into the body of another. The nerves end

in loops or direct terminations, with considerable spaces between them, as demonstrated by the microscope, and yet we have the nervous action going on without impediment from that cause.

Dr. EMERSON remembered a case of a child born with spina bifida. The mother gave, as she thought, a clear account of its cause. She had been much frightened by a great danger to which one of her children had been subjected, in the early part of her pregnancy. The child had been struck with an axe on the lower part of the back, and when she heard it, much shocked, she clapped her hand to that part of her back mechanically, and firmly believed this was the cause of the spina bifida. He regarded it merely as a coincidence.

Dr. CONDIE thought that a very stupid archeus governed in the case related, not to put the hand on the part also.

If it were not so late, he would like much to argue some facts stated by Dr. Coates concerning the nervous system, but hoped to have an opportunity to do so at some other time.

Adjourned.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*A Manual of Medical Diagnosis.* Being an Analysis of the Signs and Symptoms of Disease. By A. W. BARCLAY, M. D., Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital. Octavo, pp. 423. Philadelphia: Blanchard & Lea, 1858.

THIS is an English reprint of a volume on one of the most interesting and vital divisions of general pathology. "The science of diagnosis," says Louis, "is the most important, most useful, and most difficult of all the divisions of medical science. Without an accurate and precise diagnosis, theory is ever at fault, and practice often unfaithful."

No work has been issued in the English language on this subject since that of the late distinguished physiologist, Marshall Hall, the last American edition of whose work was edited by the late Dr. Swett, of New York, who made many useful additions under the head of "Physical Diagnosis." Both of these men have departed, but each of them has left a tribute to the profession which will be long remembered with gratitude when they shall have become as the clods of the valley.

Many experiments, observations, and new facts have been collected since the publication of the last edition of *Hall on Diagnosis*, therefore a full, complete, and perfect work was wanted by the profession.

Dr. Barclay is not unknown to fame in medical lore, as an Essay on Temperament, and several communications on Cardiac Affections, &c., published in the *Lancet*, *Medical Times*, and other journals, will testify. He was also ten years registrar in a large metropolitan hospital, during which period more than twelve thousand cases were carefully analyzed, recorded and classified by him on the plan adopted in this volume.

The following is the outline of the particulars which he thinks a clinical clerk ought to attempt to enumerate in the history of each case which he records:—

Address; name; age; sex; civil state; occupation (in females, number of children; date of last pregnancy; menstrual function).

History:—

a. Of present attack.
b. Of previous illness.

Present State :—

1. General symptoms.
   - *a.* Skin ; as to heat and dryness.
   - *b.* Pulse ; as to frequency, force, and fulness.
   - *c.* Tongue; as to coating and moisture.
   - *d.* Bowels and urine.
   - *e.* Appetite and thirst.
2. Appearance.
   - *a.* Size.
   - *b.* Aspect and expression.
   - *c.* Color.
3. Position or posture.
   - *a.* In bed.
   - *b.* Out of bed ; gait and manner.
4. Sensations.

Survey of regions and organs :—

1. Innervation.
   - *a.* Brain.
   - *b.* Nerves.
2. Respiration.
3. Circulation.
   - *a.* Heart.
   - *b.* Bloodvessels.
4. Digestion.
   - *a.* Assimilation.
   - *b.* Excretion ; character of stools ; analysis of urine.

"The ultimate object of study in all departments of medicine is the relief of the patient by the successful treatment of disease. It is the province of diagnosis to combine together the various lessons from the materia medica, physiology, and pathology, and by the application of the symptomatology of disease in general, to any particular case, to arrive at a just conclusion regarding its true nature and pathology; and though it does not enter directly on the question of treatment, it has a regard to all those indications on which it ought to be based."

I have given, in this quotation, from the introduction of Dr. Barclay's work, an abstract from his definition of the province of diagnosis ; but we like somewhat better the definition of Chomel[1] in his classical work on General Pathology—"Diagnosis[2] is that part of pathology whose

[1] Elements of General Pathology, by A. F. Chomel. Translated by Drs. Morland and Oliver, pp. 273: Boston, 1848.

[2] Διαγνωσις, discernment ; δια, through (thoroughly) ; γινωσκω, to know.

object is the discrimination of disease. To discriminate a disease is to recognize it whenever it exists, whatever be the form it assumes; and also to decide that it does not exist whenever other diseases appear with symptoms similar to its own." "Still, in diagnosis," remarks the same author, "that quality known as *medical tact*, can only be acquired gradually; it implies the union of all the qualities necessary to the observer; integrity of all the senses, which thus distinctly transmit every modification of the phenomena within their jurisdiction; a firm and penetrating mind, capable of properly collating, comparing with discrimination, and deducing from facts the inferences and consequences which they furnish, and which, uniting boldness and prudence in due proportion, dares at times to obey the dictates of a seeming inspiration which is really an accurate, although a rapid appreciation of the most expressive phenomena of the disease. These precious qualities are rarely combined in one individual, and the number of physicians remarkable for great skill in diagnosis is always very limited."

It therefore behooves physicians to accept every aid which will facilitate their knowledge; and in such works as Dr. Barclay's the wheat is all ready to their hand, and it requires but the grinding to make it their own.

Passing from the introduction, whose sentences are too long and obscure, it would be well for the author in a second edition to put his meaning into plainer and more familiar words; for the time of the practising physician is so often limited to a few hasty glances at a work of reference, that he requires brevity with accuracy. The first chapter contains the "Method of Diagnosis," comprised under history of case, narrative of previous symptoms, arrangement of existing phenomena, plan of carrying on the investigation, &c., which we have already given.

The following is his classification, which is in use at St. George's Hospital, which, he remarks, "is not put forward here as possessing any claims to perfection, but is the one most familiar to him."

Its principle is—

I. To throw into a large group at the commencement, all those diseases which, while perhaps manifesting themselves in particular organs, are more or less proved to have their origin in general conditions of system.

This is again subdivided into twenty-one heads, grouped in the following order:—

1. Those which are believed to have a specific origin; of which the febrile diseases are placed first, including many of the so-called "zymotics." Next come rheumatism and gout, followed by such as are wholly adventitious, the poisons, entozoa, &c.

2. Diseases of uncertain or variable seat, dropsies and hemorrhages, which, pathologically, might be regarded as merely indications of deeper seated lesion, but which, from the consistency of their signs and symptoms among themselves, and their dependence on a variety of causes, also demand separate investigation.

3. The chronic blood ailments—purpura, scurvy, anæmia, &c.

4. The constitutional ailments of solid parts; scrofula, tubercle, and morbid growth.

5. The quasi-nervous diseases; the symptoms of which are principally derived from functional derangements of the nervous system, in the ultimate distribution of its filaments, and in relation to muscular fibre; they thus stand in juxtaposition to diseases of the brain and nerves immediately following.

II. To take in detail the diseases of special regions, or systems of organs. In this class we commence with the brain and nerves, and descend regularly to the thoracic and abdominal viscera, which are ranged in several groups, and we conclude with the bones, joints, muscles, and skin. In each subdivision, the acute take precedence of the chronic diseases. Then follows his table representing this method of classification. For want of space, we will select only the first three as an example.

I. Fevers.
1. Continued fever; 2. Remittent fever; 3. Influenza; 4. Epidemic cholera.

II. Eruptive Fevers.
1. Measles; 2. Scarlatina; 3. Varioloid[1]; 4. Erysipelas.

III. Intermittent Fevers.
1. Quotidian; 2. Tertian; 3. Quartan; 4. Irregular.

By a careful analysis of each subdivision, it will be evident that Dr. Barclay, like many of his illustrious predecessors, is far from perfection in his classification; for influenza, according to Andral, is a general affection, the nature and causes of which are unknown, and we might with as much propriety place it under diseases of the stomach or respiratory organs, as that of fevers. For a patient can have all the other symptoms of influenza, and yet fever be absent. We certainly think that epidemic cholera should be associated with affections of the alimentary canal, for it has the same producing cause as dysentery, namely, local atmospheric impurity with certain influence of season.[1] There is

[1] The British and Foreign Medico-Chirurgical Review, No. xxxvii. p. 60, Review V., On the Local Causes of Cholera.

a very vague sort of term employed at No. 14, namely, "*cachæmia* or cachexia," expressing simply a depraved condition of the blood, and consequently of the body. Now there must be a cause for this habit, and it would be better if modified, and the disease placed under its cause or organ affected. Nos. 35 and 36 on Diseases of the Urinary Organs should also be changed. As it stands it is as follows:—

1. Nephritis and nephralgia; 2. Abscess; 3. Ischuria; 4. Albuminuria; 5. Diuresis; 6. Cystitis. No. 36, Diabetes.

Now, we think it should be as follows:—

1. Inflammation of the kidneys or *nephritis;* 2. Bright's Disease; 3. Organic diseases of the kidneys; 4. Urinary deposits; 5. Diabetes. Diseases of the Bladder: 1. Inflammation of the bladder, or cystitis; 2. *Prostatitis*, acute and chronic; 3. Organic affections; 4. Neuralgia; 5. Calculous nephralgia or nephritic colic; 6. Spasm of the bladder; 7. Irritable bladder; 8. Paralysis, or debility of the bladder; 9. Strangury; 10. Suppression of urine; 11. Retention of urine; 12. Incontinence of urine.

This change in the classification would facilitate the diagnosis of this class of affections.

Chapter Second, which consists of only two pages and a half, is taken up with the consideration of the "Duration and Sequence of Phenomena."

1. Duration divides diseases into acute or rapid and chronic or slow.

2. It sometimes tells of a previous condition of weakness and long ailment, which, though it does not negative the subsequent occurrence of acute disease, guards against a hasty decision, and is of immense value in determining our treatment.

3. It gives a measure of the intensity of pain and suffering, by enabling us to compare its effect on the patient's health with its alleged duration.

4. The order of sequence helps us in tracing back the phenomena of disease to their origin, while the first deviation from health sometimes points at once to its seat.

5. It sometimes enables us to exclude certain possible diseases to which the symptoms might lead by the knowledge that, in their course, events occur at fixed periods which may have been already passed by.

Chapter Third is taken up with the "General Condition of the Patient," which is filled with valuable matter, and concludes with "Special Indications," which it would be well for young physicians to commit to memory, and older ones to look over, and refresh and brighten up lost facts in regard to "the skin," "the pulse," "the tongue," &c. &c., giving valuable hints of what we may suspect, &c.

In Chapter Fourth, he enters upon his subject proper, commencing with "Febrile Diseases," and, as we wish to give an example of his fitness for the task, we will select here and there through the volume a few passages, which, we trust, will not only be interesting, but practically useful. Then first, of

Spinal Irritation.—As connected with this subject, a few words must be said upon the somewhat fashionable ailment denominated spinal irritation. It is a great misfortune when a name is given to any affection which conveys an erroneous impression of its nature; irritation of a nerve produces either momentary spasm or transient sensation, as the course of the nervous influence is centrifugal or centripetal, and a continuance or repetition of the irritation will produce the same phenomena in a more or less continued succession; in this view, all pain and all spasm may be classed generally under nervous irritation, and so the true spinal irritation, which characterizes the first stage of inflammation of the cord, produces fixed local pain, and distinct local spasm. On the other hand, excessive tenderness or sensibility—hyperæsthesia, as it is called—such as occurs in inflamed states of organs, whether with or without actual pain, as well as the excessive mobility seen in chorea or delirium tremens, may be said to be due to irritability, but are certainly not the effect of irritation. Again, loss of sensation and loss of motion are not evidence of either irritability or irritation, but of interruption to the transmission of nervous influence, or loss of power in the brain to take cognizance of the one or originate the other.

In what is called spinal irritation all these phenomena may be met with, and are mixed up together in the most incongruous manner. Some inquirers have deceived themselves into the belief that the symptoms were capable of classification, and have even detailed examples of cases in which there was some pretension to scientific order and natural sequence; but in these instances they have, no doubt, been misled by their having put leading questions to persons in whom the prominent condition was a disordered fancy, and by their having readily obtained answers in the affirmative. Take the patient's own account of symptoms, or put the leading questions in such a form as to develop their incongruity, and no doubt need remain of the truth of what is here stated. There is often complaint of pain in the back, but its character, in place of being fixed, and local, and deep-seated, is diffused, superficial, and variable. Movement, at one time alleged to be impossible, is effected with perfect ease at another, when the attention is turned to something else; the slightest touch, when the question is put, will be said to give pain, and yet firm pressure or a considerable jar at another moment is unheeded. This character alone is sufficient to distinguish such complaints of pain from those that are of real importance; the same remarks apply to the spasms and the paralysis which, each in turn, may form the principal feature of the disorder; they may, by a little dexterity on the part of the observer, be proved to have their existence only in the exuberant fancy of the patient. If the distinctions in the use of terms just pointed out had been clearly kept in view, we should probably never have had any doubts or confusion on this subject (p. 169).

Dr. Barclay's distinction between pain and neuralgia is so correct and to the point that I cannot pass it without an extract.

Local pain is either direct or sympathetic; when accompanied by a febrile state, it is always referable to some congestion or inflammation; without fever, it is either dependent on some chronic ailment of the part, or it must be regarded simply as neuralgia. The first inquiry, therefore, is whether there be any alteration in the function, normal condition, or nutrition of the part in which pain is complained of; next, whether any ailment exist elsewhere of which such pain is known to be sympathetic.

Examples of such affections are found in disorder of the liver, being frequently associated with pain in the right shoulder; nephralgia, especially calculus of the kidney, causing pain in the thigh, groin, or testicle; irritation of the bladder, being referred to the meatus urinarius; disease of the womb, leucorrhœal and other discharges, being accompanied by pain across the sacrum; disease of the hip-joint, being often indicated by pain in the knee, &c. Some practitioners have recently attempted to substitute a theory of sympathetic or perhaps reflex pain, connected with the uterus and ovaries, for that of spinal irritation, as affording an explanation of some of the anomalous pains of hysterical females. This wants confirmation, and will, in all probability, be found as baseless as the spinal irritation theory.

We must not overlook the consideration that direct pain in local inflammation is aggravated by movement or pressure, and is indeed sometimes only spoken of as produced by such circumstances, bearing in mind, at the same time, the exaggeration of this fact exemplified in the tenderness of hysteria.

Should careful inquiry reveal no definite cause for local pain, we must be content with the terms neuralgia and irritation; not that they are in themselves satisfactory, but they serve to distinguish conditions beyond which we cannot at present penetrate (p. 183).

We will now pass to a subject of much importance—the distinction between a blood sound and valvular murmur, which is at times very difficult to determine, and yet of great importance in acute rheumatism.

An anæmic murmur is very seldom to be traced in greater intensity towards the apex, but that it is so occasionally is quite certain; and the fact must not be forgotten. The general indications which would confirm the opinion that it was due to blood-change only are that the patient is young, and has never had rheumatic fever, and that the aspect is decidedly anæmic; blood passing backwards through the mitral valve tends to produce blueness of skin from obstruction to the circulation in the lungs; a bruit in the carotid artery or in the jugular vein, when none can be traced at the base of the heart, is also a valuable indication; the pulse in such circumstances is not at all deficient in power, but it may not be perceptibly so, even with decided mitral insufficiency, when regurgitation takes place only to a small extent. It may be suggested, in explanation of this form of blood-murmur, that the vibration is excited by the friction of the particles against the columnæ carneæ when the blood is in such a condition that it can be

readily produced, and that it is heard with greater intensity towards the apex only because the base of the heart and the great vessels are deeply covered by lung-tissue, while the apex is comparatively exposed in the particular instances in which it has been noticed; and this is the more probable because it very generally varies in position and intensity from day to day.

Tricuspid regurgitation seems to be a very common condition; and is very rarely indicated by the presence of a bruit. This is to be explained, no doubt, by the minor force of the right ventricle; and it is, therefore, only in conditions of very decided disease that a tricuspid systolic murmur is met with; such cases, pathologists know to be very much rarer than corresponding disease of the mitral valve.

At the base of the heart, bruits are so often dependent on blood-changes that the diagnosis can rarely be made with any approach to certainty from the character and position of the murmur itself; and we therefore look, in the first instance, to the aspect of the patient, the history of the case, and the evidence of disease of the heart from diastolic murmur or hypertrophy, to aid in the determination. In no case, perhaps, is error more liable to be committed than in mistaking nervous excitement for hypertrophy, and deciding that therefore the bruit heard is an indication of valvular disease (p. 278).

In the progress of rheumatic fever, it is the duty of the medical attendant to examine the condition of the heart at every visit. No fact is better established than the association of cardiac inflammation with this disease; and if remedies can avail, the time for their employment is at the first inroad of the inflammatory action; the organ once spoiled is seldom restored to a perfectly healthy state; it is perhaps, therefore, not out of place to say a few words upon the subject of the precursory or premonitory phenomena, as they may be called. It would appear that when the perspiration is less abundant, and less sour-smelling, when the skin is dry and the odor rancid, the liability to cardiac complication is greater. The pulse is sharper and firmer, the heart itself becomes excited, its systole is sharp and shrill, and its impulse against the chest more perceptible, when there is any tendency to inflammation of that organ; but this excitement may be calmed, and no further change observed. Next, we find that there is some alteration in rhythm; the first sound seems to be shorter, and the first interval longer, than in health; at least, there is a notable change in the proportionate duration of the first and second sounds and the first and second intervals; this, too, may subside, but is very liable to be followed by more decided evidence of inflammation. Pain or dispnœa may occur before friction or bruit of any kind, but they seldom precede the other indications, and ought not to be the first suggestion of cardiac complication. If, after the changes just spoken of, a slight creaking be heard, we may be sure pericardial friction is just about to show itself; if a slight roughness of the first sound at the base, that endocardial murmur will soon be detected (p. 283).

There are several other parts we have marked, but want of space will not permit their insertion. We will, therefore, conclude our brief review by his notice of "Tubercles in the Brain," two cases of which,

occurring after the age of puberty, have come lately under the writer's knowledge, both in persons of hereditary tuberculous constitution.

In adults, the cases of tubercular inflammation of the brain may be divided into two classes: the one accompanying the early stages of tubercular deposit, when miliary tubercles are evenly distributed through the lungs; the other attending the advanced stages of phthisis, with vomicæ in the lungs. In their general features there is considerable analogy, but in the early cases the symptoms are more acute, and correspond more closely to those seen in the same disease in childhood; in the advanced cases the inflammation is of lower type; the presence of disease in the follicular glands of the intestine renders constipation very rare; vomiting, on the other hand, is of common occurrence. The pulse, so often quick in phthisis, is always so in this affection of the brain; the head is hot and painful; night-sweats, if they have previously occurred, have ceased; and, contrary to what is found in childhood, delirium is an early symptom. This subject has been already fully discussed under the head of delirium, to which the student is referred; its presence cannot fail to draw attention to the condition of the brain; it may be accompanied by strabismus, unequal action of the pupils, or aversion to light and noise, but such signs are more often wanting among adults. Alterations of sensibility and mobility are rarely observed in the early stages.

This *Manual of Medical Diagnosis* is one of the most scientific, useful, and instructive works of its kind that we have ever read, and Dr. Barclay has done good service to medical science in collecting, arranging, and analyzing the signs and symptoms of so many diseases. It must have cost him great labor, and the profession should show their appreciation of it by their desire to procure and apply its valuable hints and suggestions to the thousand obscure cases which perplex and baffle the unaided efforts of any one man, be he ever so wise, and his opportunities ever so good. Another most valuable feature in the work is that it has been furnished with a copious index, which increases its utility very much as a volume of reference. We have little doubt that a second edition will soon be called for, and, meagre as our suggestions have been, we trust they will meet with favor at his hands. T.

EDITORIAL.

THE STATUS OF THE PROFESSION.

We have, in our former discussion of this subject, presented rather a gloomy picture. If there is any foundation at all for what we have said, it is time that something was done to make medicine a more distinctive science than it is at present. We want what does not exist in our country—a STANDARD of medical acquirement. It does not, it cannot, exist in the schools, for their name is legion, and each has its own standard, some of them low enough in all reason. It cannot be obtained through legislative enactments, for they are worse than useless, as we have abundantly proved in New Jersey.[1]

There is one source, and one only, from which a standard can emanate, and that is the profession itself, through the only organization in which the profession of the whole country is represented, viz., the American Medical Association. Let us make membership of that body an honor worth striving for. Let *it* govern the profession of the country, and we will be relieved of the farce of turning out an unworthy member, and then be subjected to the indignity of having him sent back a member "in good and regular standing," as may be done by the corporation of the Philadelphia Hospital, Blockley, at our very next meeting.

The plan by which we propose to accomplish the object in view is imperfectly set forth in the following preamble and resolutions, offered by us at the late meeting of the Medical Society of New Jersey, and which will be officially presented by its delegates at the meeting of the Association at Washington, in May next.

We would premise that the plan indicated below is suggestive rather than fixed. It is susceptible of improvement, and the intention was to have it referred to a committee for that purpose,

[1] On this subject do not fail to read, on a subsequent page, the able address of Dr. Ryerson, late President of the Medical Society of New Jersey.

whose duty it should be to present and recommend a definite plan.

We bespeak for the subject the attention of our readers, and of the friends of the American Medical Association generally.

Whereas, The physicians of New Jersey early evinced their appreciation of the value of associated effort in elevating the character and supporting the dignity of the medical profession, by organizing the Medical Society of New Jersey, on the 23d of July, 1766, through which organization much has been done to promote good feeling among the members of the profession, and to encourage a high grade of qualifications in those who have desired to practise medicine and surgery in this State, thus guarding the health and lives of our citizens against the ignorance and presumption of pretenders to the healing art: and

Whereas, The Medical Society of New Jersey, cherishing an abiding interest in all that relates to the honor and dignity of the profession of our whole country, took part in organizing the American Medical Association, still regard that organization with confidence and favor, and believe that it possesses the elements of a power which, if exerted in the right direction, will result in great good to the profession, and through it, to the public: and

Whereas, This society is anxious that the qualifications for membership in that body shall be such as will tend to elevate the profession above all merely local influences, thus giving a character and position to its members that can be attained by no other means within the exclusive control of the profession of this country, therefore

Resolved, That the Medical Society of New Jersey would respectfully recommend to the American Medical Association, the adoption of some plan by which membership in that body can only be attained by conforming to certain rules and regulations laid down in the Constitution of the Association.

To this end, this Society would respectfully recommend that the "Plan of Organization" of the Association be amended in some such manner as the following—subject to the deliberations of the Association.

Delegates to the American Medical Association shall be selected from those who shall conform to the requirements of the Association for membership in that body.

The title *Member of the American Medical Association* (*M. A. M. A.*), shall be conferred in the manner following, to wit:—

The Association shall appoint a Board of Censors for each Circuit of the United States Supreme Court, each board to consist of —— physicians and surgeons in good standing in the Association, one of whom shall go out of office at each annual meeting of the Association, his place being filled by election, until the

places of all the original members are so supplied, and thus continually. These Censors shall reside in different sections of their respective districts, and a minority of the whole number of any Board of Censors may be composed of professors in medical colleges in the district. The members of the Board of Censors to receive —— dollars compensation for every meeting they attend.

It shall be the duty of these Boards of Censors to meet —— times a year in different sections of their respective districts, for the purpose of examining candidates for the title of Member of the American Medical Association, on whose certificate the President, or other authorized officer or officers of the Association, shall, after the candidate has subscribed to the Code of Ethics of the Association, and paid —— dollars into its treasury, issue a diploma, setting forth the fact of membership.

The certificate of the medical and surgical examining boards of the U. S. Army or Navy shall entitle the holder to membership in the Association on his subscribing to the Code of Ethics and paying the usual fee. Members may also be received within certain specified limits, on certificate from foreign medical and surgical societies, or examining boards.

The Association may confer honorary membership at any regular meeting by a two-thirds vote.

Resolved, That in the opinion of the Medical Society of New Jersey, the cause of medical science in the United States would be advanced by the State Societies resolving themselves into *auxiliaries* to the National Association, the district, county, and other societies being auxiliary to the State Societies, and all controlled by the regulations of the National Association.

Resolved, That the delegates from this Society be instructed to present the above preamble and resolutions at the next meeting of the Association at Washington City in May next.

THE MEDICAL SOCIETY OF NEW JERSEY.

A great deal of extra space of this number of the REPORTER is occupied with the proceedings of this body at its meeting at Trenton, on the 26th and 27th of January. The meeting was large, and one of the best that we ever attended. An unusual number of scientific papers were read, which will appear in our columns as we can find space for them. We regret very much that the valuable reports from Essex County are necessarily left out for the present. They are among the best reports of the kind that we have ever seen, and we hope to be able, ere long, to lay them before our readers.

The Medical Society of New Jersey is verging upon a century of existence, and we trust that nothing will occur to cut it short.

Unfortunately, it is subject to legislative interference, and we understand that, not satisfied with the *tinkering* of the past few years, the legislature will be pressed by certain parties to still further interference this year. It is our personal opinion that the legislature had much better repeal the charter, than do the Society any further mischief by legal enactments.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

This spirited body recently held its annual election of officers, which resulted as follows:—

President, Dr. JOHN BELL.
Vice-Presidents, Drs. N. L. HATFIELD, WM. MAYBERRY.
Recording Secretary, Dr. RICHARD J. LEVIS.
Assistant Recording Secretary, Dr. WM. B. ATKINSON.
Corresponding Secretary, Dr. J. AITKEN MEIGS.
Treasurer, Dr. ROBERT P. THOMAS.
Censors, Dr. JOHN B. BIDDLE, Dr. D. FRANCIS CONDIE, Dr. R. LA ROCHE, Dr. SAMUEL LEWIS, Dr. LEWIS RODMAN.

☞ The eleventh annual meeting of the American Medical Association will be held in the city of Washington, on Tuesday, May 4th, 1858.

EDITORIAL CORRESPONDENCE.

NEW YORK.

NEW YORK ACADEMY OF MEDICINE.

THE annual election of officers of the N. York Academy of Medicine occurred on the 6th January. The by-laws do not permit any votes to be received except for persons who were *nominated* at the previous meeting, and no one can be elected president for two successive terms. Notwithstanding an uncommon degree of excitement had been manifested among the members for a month prior to the election, in confabs in the street, in social gatherings, and in scientific coteries, it was difficult to discover upon what it was based, but it tended to bring together an unusual number of members for the occasion, and the polling of a more than ordinarily heavy vote, but with more quietness and

decorum than is general, even in some clerical associations that we wot of. After all the out-door excitement, it turned out to be a one-sided affair, the following, by a large majority, having been elected officers for 1858.

President, JNO. P. BATCHELDER, M. D.
Vice-Presidents, C. E. ISAACS, M. D., W. H. VAN BUREN, M. D., JOHN WATSON, M. D., S. C. FOSTER, M. D.
Recording Secretary, C. F. HEYWOOD, M. D.
Ass't Secretary, F. U. JOHNSTON, JR., M. D.
Domestic Cor. Secretary, S. T. HUBBARD, M. D.
Foreign Cor. Secretary, JOHN W. GREEN, M. D.
Treasurer, JAS. O. POND, M. D.
Librarian, J. ROTTON, M. D.
Trustees, DRS. R. S. KISSAM, GALEN CARTER, JOHN H. GRISCOM, E. L. BEADLE, WM. N. BLAKEMAN, BENJ'N OGDEN, JAMES ANDERSON.

Dr. A. Clark was chosen Orator, but he declined the office, and it was left unfilled for the present.

THE LATE DR. JOHNSTON.

New York has, in the person of Dr. Francis U. Johnston, Sen., lost one of the most respectable members of the profession. Though he could not be regarded as a brilliant man, being more noted for his calm, strong common sense as a practitioner, yet he occupied a very high place in the esteem of his fellow-practitioners. He held for twenty years the office of Attending Physician of the N. York Hospital, resigning in 1848. He enjoyed a very large family practice, and his counsel was very often sought by other physicians, in their encounters with disease. We are not aware of his having committed any of his medical thoughts to paper, or that any effusion from his pen ever saw type, yet he was by no means deficient in suggestion at the bedside, and was energetic without being rash. His social characteristics were somewhat remarkable. A quiet and rather reserved manner gave to others, at first interview, the idea of coldness, if not of hauteur; but the ice once broken, a deep and unfailing current of genial good humor, kindly sympathy, honesty, and true heartedness was found below. No man could more enjoy either the hearing or the telling of an anecdote, and none was ever more free from a disposition to wound the feelings of others. He was, in two words, a *Christian Gentleman*. He was 62 years of age.

MORTALITY OF 1857.

The total number of deaths in New York during the year 1857 was 23,196, which was an increase of 1,933 over 1856. The increase was principally in *fevers*, the difference in this class of diseases being 933. In 1857, consumption destroyed 516 more than in 1856, marasmus 255

more; smallpox destroyed 438, 42 more than the year previous. There were 1509 still-births. J. GOTHAM, JR., M. D.

BOSTON.

THE HEALTH OF THE CITY. DOCTORS ALWAYS IN LUCK.

BOSTON, *Jan.* 1858.

THIS still continues good. Last winter the apothecaries complained of little to do; but this has brought them no relief. The friends who meet you in the street speak of the open winter as "good for doctors." You say "yes," and pass on. Last winter it was the excessive cold that was to make your fortune; and every summer is certain, in the estimation of the public, to bring uncounted wealth to the medical profession. Even the financial trials of the times are flung in one's teeth. A friend, whose misfortunes in trade have reduced him to the pinching poverty of two hundred and fifty thousand dollars, says, with a sigh, "Well, thank heaven, there is one class in the community whom hard times don't trouble; people will be sick, and your business is always good." One remembers this with unexpressed joy, when his collector informs him that, of every ten bills, six cannot be collected till next July, and three more are good for nothing. You feel happy then that you did not waste your time in making out more than half of the bills charged upon your books.

THE CREDIT SYSTEM AND ITS CONSEQUENCES.

I never saw nor heard of so many parturients; notes and children have been coming due this winter without stint. The latter fact is accounted for by the excessive expansion of credits in the spring, with the necessary, but sudden, contractions at the present time. The experience of the past, it is said, will have a beneficial effect in future.

MASSACHUSETTS MEDICAL COLLEGE.

The medical college has been in operation for more than half its term, but no catalogue appears. It is supposed that the number of students is not so large as in former years. The introductory lecture to the course, spoke in exalted language of the fostering care which the college has given to private schools; but to that fostering care the college owes its present poor condition. It was given to one private school which was, and is, a part of the college itself. To their grasping disposition, to their determination to confine all medical teaching to their own hands, and to the studied attempt to prevent others than themselves from giving instruction, is to be attributed their small list of students. There was a second school which helped to feed them, and which bade fair to attract a large number of students to Boston. But it is not in

active existence just now. The college bought off one of their number, and it is believed, at the time when every man was needed to help them along, and some of the others, discouraged by the bargain, gave up their work. Of course, those gentlemen are unwilling to do anything for the college, and all the students, whom they can influence, go to New York and Philadelphia.

There is a school at Cambridge, conducted principally by professors in the University, who, of course, have the opportunity to collect the recent Bachelors of Arts. It sadly interferes with the Tremont Medical School, because it has a perfectly efficient corps of instructors. An attempt is said to have been made to make them stop work, in part; however, one of their number, the best anatomist, probably, in New England, could not be induced to leave; others, are not the men to be browbeaten, and the President of the University would not interfere, and could not if he would. *Ergo*—the school at Cambridge goes on, and, if I mistake not, the degree of M. D. from Harvard will not always mean that the holder of it got his instruction in Boston.

NEW BUILDING AT CAMBRIDGE.

In the University grounds at Cambridge, a new building for the anatomical and chemical departments is nearly completed. When finished, the opportunities for studying medicine at Cambridge will be ample. The intercourse between students and teachers will be of that intimate character which exists nowhere else. The rooms for work (for they wish none but workers as students) will be sufficiently large and clean, and the supply of material will be sufficient. A good cabinet of human and comparative anatomy, a chemical laboratory, a botanical garden, and hospitals within easy reach, will make Cambridge the centre of New England Medical instruction. Materia medica and obstetrics will have their full share of attention, and surgery will by no means be forgotten. There will be recitations, as well as lectures; and no one will be recommended for practice who cannot pass an examination. Personal knowledge of some of the instructors leads me to imagine that the examination will mean something. New York and Philadelphia must look out for their laurels.

THE LEGISLATURE

is in session, and the regular annual reports will soon be in hand. I have seen none except that of the trustees of the Northampton Lunatic Hospital, from which it appears that the buildings are not yet completed. In the way of improvements upon the grounds about $6000 had already been expended.

C. E. B.

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

MINUTES OF THE 92D ANNUAL MEETING.

THE Ninety-second Annual Meeting of the Society was held at Trenton, January 26, 1858, at 7 o'clock P. M.

The President being absent on account of illness, the First Vice-President, Dr. I. P. COLEMAN, called the Society to order.

Certificates of Delegation were read and accepted, and the Society organized with the following members:—

President,	T. RYERSON.
First Vice-President,	I. P. COLEMAN.
Second Vice-President,	J. R. SICKLER.
Third Vice-President,	W. ELMER.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—J. WOOLVERTON, T. J. CORSON, and G. R. ROBBINS.

DELEGATES.

Essex.—J. H. Clark, E. D. G. Smith, H. H. Tichenor, and L. G Thomas.

Monmouth.—J. S. English, J. B. Goodenough, Robert Laird, and D Polhemus.

Camden.—W. G. Thomas, S. Birdsell, A. D. Woodruff, and J. W. Snowden.

Hunterdon.—J. F. Schenck, I. S. Cramer, J. A. Gray, and J. Blane.

Burlington.—J. Warrington, A. Elwell, W. Bryan, and N. N. Stokes.

Morris.—W. E. Rust and J. W. Canfield.

Mercer.—J. McKelway, E. I. Grant, C. Hodge, Jr., and W. W. L. Phillips.

Cumberland.—G. Tomlinson, C. Butcher, B. R. Bateman, and E. B. Richman.

Sussex.—W. H. Linn, J. L. Allen, Th. Roe, and L. D. Miller.

Gloucester.—H. F. Clark, S. T. Miller, L. F. Halsey, and J. C. Weatherby.

Middlesex.—C. Morrogh, J. C. Thompson, H. M. Stone, and J. S. Martin.

FELLOWS PRESENT.

Doctors J. W. Craig, R. M. Cooper, A. B. Dayton, L. A. Smith, J. B. Coleman.

The President having sent his address to the Society, it was

Resolved, That it be read by Dr. Corson at the opening of the meeting to-morrow.

Corresponding Secretary, Dr. Butler, read a preamble and resolutions which were referred to a committee to report to-morrow. The following were appointed committee: R. M. Cooper, J. B. Coleman, and T. J. Corson.

Leave was granted to the Committee on Revision of the Fee Bill to report, whereupon the Chairman, Dr. Clark, submitted their report; and pending the discussion of the same, a motion was made to suspend the further reading and to adopt the whole as the regular fee bill of the Society, which motion was carried in the affirmative.

The Standing Committee submitted their annual report, which was accepted.

Resolved, That $20 be paid to Hon. W. L. Dayton for a legal opinion on the subject submitted to him by the Standing Committee.

Resolved, That the dinner-hour to-morrow be 3 o'clock P. M.

Society adjourned to 9 o'clock to-morrow morning, January 27.

Society reassembled. Dr. Coleman in the chair.

The address of the President was read by Dr. Corson, the subject being "An Examination of some of the Principles and Workings of the Medical Law." The thanks of the Society were voted, and a copy requested for publication.

Drs. Wickes and Abernethy were, on motion, admitted as corresponding members, as were also Drs. Skelton, Bonsall, Dayton, and Miller.

The roll was called, and the absentees noted.

The minutes of the last annual meeting were read and accepted.

The following committees were appointed:—

Nominating Committee.—J. H. Clark, English, Rush, Bateman, Bryan, Blane, Snowden, Hodge, L. D. Miller, H. F. Clark, and Morrogh.

On Treasurer's Account.—L. A. Smith, Cooper, and Craig.

On Unfinished Business.—A. B. Dayton, Canfield, and Woolverton.

The Treasurer submitted his report, which was referred to the Committee on Treasurer's Account.

The Essayist, Dr. Baldwin, read a paper on the "Unity of the Human Species."

The thanks of the Society were voted and a copy requested.

Gov. Newell, and Drs. Freeman, Hall, Grant, and Hance, were invited to sit as corresponding members.

A communication from Burlington District Society relative to remu-

neration for services before Courts and Coroner's juries was read, and, on motion, laid on the table.

The Committee on Treasurer's Accounts reported the accounts correctly stated, and a balance in his hands of $94 62.

Resolved, That the Treasurer be authorized to sell so much of bank stock as, in his opinion, may be necessary to meet any deficiency in the treasury the present year.

The bill of $3 for the use of the room was ordered to be paid.

The preamble and resolutions submitted by Dr. Butler last evening, recommending to the American Medical Association the adoption of certain rules, &c., were referred to the Delegates to that Association with instructions to submit the same.

The report of the Standing Committee was referred back to them to publish such portion as they may think proper.

A communication on the "Effect of Temperature upon Vaccine Virus," by Dr. Bonsall, was read and accepted.

Dr. J. B. Coleman, Chairman of the 1st Scientific Committee, made a report, which was accepted, and a copy requested for publication. The committee was continued.

Dr. J. H. Clark, Chairman of the 2d Scientific Committee, reported on Venesection, which was accepted, and a copy requested.

The Committee on Unfinished Business reported in favor of the following resolution submitted at the last annual meeting:—

Resolved, That a committee be appointed to inquire into the expediency of the plan suggested at the last meeting of American Medical Association of securing, as far as possible, a record of cases coming under medical treatment, and report at next annual meeting.

The resolution was adopted, and the following were appointed the committee: Wickes, Pennington, and J. H. Clark.

Resolved, That an addition of $20 be paid to the Publisher of the REPORTER.

Resolved, That a committee be appointed to report at the next meeting a plan of raising funds for the Society.

W. W. L. Phillips, Corson, and Wolverton, were appointed.

Resolved, That 7 o'clock P. M. be the hour of holding the next annual meeting.

The Nominating Committee reported, whereupon the Society elected the following officers:—

President,	I. P. COLEMAN.
First Vice-President,	J. R. SICKLER.
Second Vice-President,	W. ELMER.
Third Vice-President,	J. H. CLARK.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—E. B. RICHMAN, B. R. BATEMAN, and N. R. NEWKIRK.

The following were appointed Censors:—

Essex.—S. Wickes, L. W. Oakley, A. Ward, and H. H. Tichenor.

Middlesex.—C. Morrogh, J. S. Martin, H. M. Stone, and H. R. Baldwin.

Mercer.—J. McKelway, J. B. Coleman, J. H. Phillips, and T. J. Corson.

Gloucester.—C. C. Garrison, J. Fithian, J. C. Weatherby, and S. T. Miller.

Cumberland.—W. Elmer, N. R. Newkirk, E. E. Bateman, and C. Butcher.

Burlington.—F. Gauntt, A. Reid, B. H. Stratton, and W. Bryan.

Monmouth.—R. W. Cook, A. B. Dayton, J. T. Woodhull, and E. Taylor.

Morris.—J. B. Johns, H. P. Green, Vanarsdale, and Stiger.

Camden.—R. M. Cooper, O. H. Taylor, C. D. Hendry, and J. V. Schenck.

Hunterdon —W. Johnson, J. F. Schenck, J. A. Gray, and J. Blane.

Sussex.—A. Linn, D. L. Sayre, T. Ryerson, and L. D. Miller.

The following were appointed Delegates to the American Medical Association: L. A. Smith, S. W. Butler, J. V. Schenck, J. H. Clark, J. S. English, S. Wickes, E. Fithian, R. M. Cooper, J. Blane, and W. Bryan.

H. H. Tichenor was appointed Essayist.

The Committee of Arrangements were continued.

Society adjourned.

W. PIERSON, *Rec. Sec.*

ADDRESS OF THE PRESIDENT.

FELLOWS AND DELEGATES:—

In the dispensations of Divine Providence you again constitute "the Medical Society of New Jersey;" and here let us reverently pause in acknowledgment of our obligations, and lift up our hearts to Divine Grace that He would make this session harmonious, entertaining, instructive, and the inspiration to increased zeal in pursuing the scientific and benevolent vocation, whose interests have called us together.

You are assembled as the successors of those earnest men, whose high-toned views of the dignity of their profession sought practical expression through this organization. And the foundation of this society in the year 1766, so indicative of the character of New Jersey physicians at that early date in her history, is a fact of which we may well be proud. And in view of the social and political influence of the profession, both past and present, it is a circumstance which need not disturb the self-complacency of the State; for it is, indeed, one of her brightest laurels.

But whilst congratulating ourselves upon our hereditary honors, we are reminded of our consequent and commensurate obligations. The claim that the high professional position of our predecessors is a principal element in the exalted character of New Jersey, devolves upon us, as citizens, the strict maintenance of that position.

But it is not their political and social standing which we are to consider in estimating our obligations. We cannot appreciate their character, nor duly determine our own duties, without a full consideration of the dignity of the profession which they sought to elevate.

The question has sometimes been asked whether this profession be a science or an art. In view of the manifest routine of some practitioners, the inference of men of logical minds and scientific attainments might be that the practice was either altogether empirical, or founded on hasty generalizations unworthy the name of a science. These same judges, too, if acquainted with the cautious deductions of close clinical observation and sound philosophy from the permutations of the many variable quantities called symptoms, and if witnesses, also, of the numberless modifications of treatment based thereon, might well say that the *art of healing is itself a science*, and that the principles upon which it is founded, though called the science of *medicine*, are, in fact, the *culmination of all science*.

One may indeed do much towards alleviating sorrow, mitigating pain, and even healing disease, by following the routine of the unthinking artisan. But our profession, in its proper character, is not an art, or, if it be, is the art of reasoning; whilst the science includes so many compound generalizations from such manifold, material, and immaterial entities and complex facts, that the awfully sublime obscurity of the

XUM

shrine of our inspiration might well awe the boldest and most devout back into the outer court of empiricism.

The physician finds the ceaseless activity of the human organization based upon the principles of mechanical philosophy, and of that higher calculus of chemistry, called vitality, both together subordinate to psychological laws; whilst the investigation of its abnormities of structure and function, and their reduction to health, extend the field of inquiry into almost every department of human knowledge, and give scope and expansion to the highest grade of intellect. It is this characteristic of all scientific investigation—this illimitably expansive effect upon the mind—which principally dignifies the profession. We are revolving in an universe of harmonious and dependent truths, ourselves attracting and attracted, and—inevitable paradox—gravitating continually towards the infinite centre, the Eternal Truth Himself.[1]

But looking a little more closely at the healing art itself, we find that the application of the general principles of vitality to individual cases of disease, like the legal practice, is a continued process of deduction, rendered necessary by the many possible combinations in the complex human organism. And the empiric may be well likened to what our legal friends call a "case lawyer;" for he abhors *the abstract*, and scarcely compasses *the concrete*. The practice of medicine is analogous to what the making of a steam-engine might be, were its materials and motors of a variable nature; if, for instance, the iron was subject to a loss of tenacity, or of the welding property; if either heat or cold could both make and condense steam; if either an excess or diminution of pressure could cause an explosion.

It is an easy matter for mere art to apply to a rickety or fractured bone an apparatus of rectification, or of extension and coaptation; but it is quite another art to procure the conditions of inflexibility or union. It requires some discrimination to determine the conditions of glandular obstruction, or of the quantitative or qualitative variations of intestinal, pulmonary, or uterine secretion. And the same tact is necessary in physical examinations, or in reducing to order the apparent vagaries of the nervous influence, manifested in the complex relations of the organic and animal functions. It requires some nicety of appreciation to determine whether a liver be the subject of a sanguineous or a biliary congestion; whether a dysentery be of a malarious origin; whether a bronchitis be rheumatic; whether a pulmonary congestion require the stimulus of the lancet, or quinine, or both together; whether an hæmoptysis be of local, cardiac, or uterine origin; an asthma be emphysematic,

[1] The acute Greeks, ignorant of, or despising the oracles of the living God, and vainly seeking inspiration at the Delphic Shrine, sought the embodiment of this truthful and sublime, yet incomprehensible idea, that science is an attribute of the Supreme Divinity in their mythical representation of Minerva springing fully armed from the head of Jove. And their poetical genius also represented the consecration of its votaries by her vow of celibacy; whilst in Vulcan's unsuccessful attempt upon her chastity, and by the marks of violence which the swarthy, halting groveller left upon her sacred person, they represented the inevitable contest between science and sordid pursuits, which mar the beauty of the victorious maid. Indeed, the whole mythology is a mournful evidence of the shipwreck of misguided genius. Alas! for as it is written: the cross is "to the Greeks foolishness."

cardiac, or cerebral; an intermittent pulse indicative of gastric, cardiac, or intro-cranial disorder. Some reflection is certainly necessary to determine, in some cases, between hepatization, a pleuritic effusion, and a vomica, filled with purulent secretion; to discriminate between the causes of the various modifications of bronchophony; to interpret clear percussation, or respiratory science; to decide between an obstructed cardiac orifice, and other causes of its disproportion to the current that flows through it. The question is constantly arising whether a particular case is a disorder of the gastric function, a mal-assimilation, a renal disease, a spinal affection, or a coxalgia.

These are all questions of every day occurrence, and by no means the most difficult ones in the healing art. But even here the solutions require not only a recognition and proper estimate of the more obvious symptoms, but (some of them at least) the ready detection of all those expressions of the complexion, countenance, attitude, voice, gestures, and mental states, which are appreciable only by that mental activity—that union of restless observation, with cool deliberate judgment—which is called tact. It was in view of the difficult problems of diagnosis, that Sydenham said, "There was no disease, which, if perfectly made known to him, the resources of his art would not enable him to cure."

But besides these intrinsic characteristics of the profession which raise its practitioners from artisans to philosophers, it has others which, if possible, confer upon them a still higher dignity; characteristics which exalt them, even in the domain of philosophy. The place of medicine among the arts and sciences is fixed by the position of man in the creation. It is ours to scan the leading instrument in that choir, whose anthems commenced when the morning stars first sang together. It is ours to repair the thousand strings of the broken harp, and to assist in restoring the harmony of creation.

> "From harmony, from heavenly harmony,
> This universal frame began;
> From harmony to harmony,
> Through all the compass of the notes it ran,
> The diapason closing full in man."

Universal admiration rested on the scientific corps, who, on board the Niagara, watched the electric undulations from the world's financial centre, when the convulsions of old ocean were paralyzing the right arm of commerce, and snapping the great sympathetic nerve which was to harmonize the functions of both hemispheres. What, then, is the dignity of his position? what ought to be his character? to whose care is committed the thread of life, along which flashes that intelligence and moral sensibility which bind this world to that which is "unseen and eternal?" This care requires something beyond material philosophy, for it is the regulation of the mental and moral as well as the physical functions. It is to "minister to a mind diseased," a soul in ruins, and, in its fall, toppling down its poor clay tenement. In short, our problem is "*mens sana, in sano corpore.*"

And ought the aching head, the fever-tossed body, with the grief of sympathizing friends, the mute despair of the agonized wife, and the stricken little ones, to be committed to the tender mercies of ignorance

or selfish insensibility? Can such a character consist with that benevolence which the world has ever been ready to accord to our profession; or with that of the Great Physician who ever "went about doing good?"

To sum up the whole subject, when properly and zealously employed in our profession, we are fulfilling the law of our intellectual and moral nature, and the great end of our creation—the law of universal benevolence. And thus employed, our reward is continual self-improvement and rational enjoyment.

But whilst the contemplation of the ideal excites a pardonable complacency, the real causes us to "hide our diminished heads in confusion." This is especially true when we glance at those who grovel in the lower walks of the profession; and it is the mortifying consciousness of many whose aim is highest, whose zeal is most ardent. There is, indeed, in the history of the great names of medicine, much to justify all that is claimed for her, and everything to encourage the loftiest aspirations of her sons. But elevating and expanding to all the faculties as our profession is, still the sad proclivities and painful necessities of human nature, tend to drag its votaries away from its sublime truths and awful mysteries, down into the thronged avenues where self only is considered, to mix and strive with those who would "live by bread alone"—who, laboring for the things of a day, and groaning under their burdens, know not that science only is the true rest—"heaven's antidote for the curse of labor;" the eternal pursuit of the eternally blest. Then, to the lasting honor of our predecessors, be it said, that to check this humiliating and degrading tendency, they founded the first medical society in America;[1] the society which we now constitute, and whose honor is in our keeping.

With this general understanding of the trust reposed in us, let us consider what will be adequate for its execution. The solution of this problem, however, will be greatly facilitated by a previous glance at the history of the society.

The first organization, in 1766, was entirely voluntary and independent of the legislature: no mention of such an organization occurs in the statute book until the year 1790. For the particulars of this organization, and in proof of its high-toned views of the dignity of the profession, and of its noble self-reliance, I refer to Dr. Munn's History of the Medical Society of New Jersey, published as a part of its transactions, in the Reporter for July, 1848. It is worthy of remark, however, that the founders disclaimed all direct interference with the membership of the profession, rightly considering its own high standing and continued progression, together with the control of its own membership, as the best guarantees of the public welfare. The articles of association indeed express the doctrine then, as now, prevalent, that the State has an entire control over the whole faculty, which ought to be exercised for the protection of her citizens. And the history shows that, in the year 1772, they succeeded in inducing the colonial legislature to pass an act regulating the practice of medicine, which was, in 1783, substantially re-enacted by the State. This act vested the licensing power in

[1] Munn's History of the Med. Society of N. J.: see Medical Reporter.

at least two Justices of the Supreme Court, who were required to examine candidates, with the aid of two such physicians and surgeons as they might select. In 1785 a supplement was passed, empowering the Justices to depute the examination to such persons as they might "judge well qualified and competent to the business," upon the faith of whose certificate of approval they should grant license.

Thus the licensing power was intended to be left in the hands of the judiciary, where, if indeed a just power, it properly belonged. And when the first charter was granted, in 1790, it contained no repealer of former enactments, nor any grant to the society of concurrent or collateral jurisdiction. The object of the society in seeking a corporate existence was not to obtain this control, but "to enable it to make laws and regulations for the admission and government *of its own members;* to preserve with safety such valuable curiosities of the animal, vegetable, and mineral kingdoms, as may be discovered in this country, or sent to it from abroad; and to record and preserve its experiments and discoveries, and the success of its various investigations, so as to enable it more fully to carry into effect the good purposes of its organization.

We come now to the consideration of the legislation of 1816, which was a recharter; the old one having expired by limitation. This new charter fundamentally changed the organization. Experience had proved that the State alone could not exercise the right of control intelligently or beneficently; for the examinations could be conducted only by experts. And further, as the approval of the examination (which we have seen came to be conducted *non coram judice*) controlled the license, the whole power might, nominally, as well as really, be lodged in the hands of the faculty. But as the reputable position of the State Society made it expedient to lodge this power there, it was necessary, in justice to the several districts of the State, to incorporate the local societies, and give to them the power of examination of their own candidates and of issuing certificates, as authority for the President of the State Society to grant licenses. A modification of this charter in 1818 made still more radical changes in the constitution, by making the society a representation of the district societies, and giving it the entire control of the admission of candidates, through censors of its own appointment from among the members of each district society. Thus the whole character of the State organization was changed. Its permanent membership was abolished, which was soon seen to be a great evil. To remedy this, a supplement, obtained in 1825, restored this permanent membership by incorporating the College of Fellows, making them also members of the society, and giving to the whole organization, upon the separate approval of the college, the authority to grant the degree of Doctor of Medicine.

I pass over the supplements of 1807 and of 1823 as having no special importance, except for carrying out the acts to which they were amendments. The law of 1830, also, was merely a re-enactment, a renewal of the charter without limitation as to time.

In 1850 a very praiseworthy effort to establish a professional widows' and orphans' fund originated, an amendment of no importance, however, to the present purpose.

We are now brought down to the legislation of 1851 and 1854, which

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I couple together, because they are of similar import. The one is an inauguration of a new principle, which is more fully, though not completely, embodied in the other. The society is too familiar with this legislation to require a full recital of its provisions. The principle contained in these acts is that of non-intervention, the denial of the doctrine of control, and the abandonment of the profession to the economical laws of supply and demand and the common law of responsibility. This is, indeed, not fully developed, but I need not consume your time in showing the presence therein of its germ.

With an apology for trespassing on your time, I will now repeat a few of the important facts embodied in the history, and then proceed, as briefly as possible, to the induction of the important principles on which they depend. The history of the society is a logical sequence from the doctrine of license. Its connection with the legislature has been an *experimentum crucis*, to determine our road to self-improvement, usefulness, honor, and happiness.

The facts are these: 1st. The first State society (which, be it remembered, was a voluntary association), disclaiming direct control over the practice of medicine, was fully alive to the paramount scientific and benevolent claims upon it.[1]

2d. This vitality made it most painfully sensible of the deplorable effects of professional ignorance and pretension, and induced it, in obedience to its purely benevolent instincts, to direct the drowning community to the straws of legislative enactments.

3d. Necessity having lodged the control of the practice in the hands of the society, as the best exponent of the opinions of those sole judges of professional qualifications, the medical faculty, its permanent character was lost in the effort to adjust the balance of power, and give to every part of the State an equal voice, and its valuable time was entirely consumed by the details of the license system. Indeed, when the permanent membership was abolished, the scientific character of the society necessarily went with it. "Uninterrupted intercourse and communication of sentiments, scientific correspondence with other societies, the cultivation of liberality and harmony of views," and the other objects of pursuit recited in their articles of association, were clearly impossible among those brought together for only one brief period. The society was reduced to the character of a mere machine—a common seal of the district societies.

4th. The restoration of the permanent membership in the persons of the Fellows added a nucleus, around which the society could crystalize in beautiful isomorphism, and, with a high refractive power, analyze the rays of intelligence emanating from the districts. The impetus thus given soon caused such a construction of the powers granted as has virtually given to the county societies the regulation of the practice, and left this organization free to work out the problem of professional elevation. And this fact of emancipation is corroborated on the pages of the REPORTER, by the "Transactions of the Society," which not only give evidence of the zeal and ability with which it returned to its mission, but of another evidence of going back to first principles, viz: to cor-

[1] Munn's History.

respondence with other societies: the press only taking the place of the pen.

5th, and lastly. The society having attained a position where, if sustained, it might (if the theory of license be true) have exercised a really beneficent control, found its commission suddenly revoked, through the influence of those whom it sought to control. As soon as it had obeyed its scientific instincts in a return to the principles of its first organization, and, in consequence, had begun to scrutinize candidates more closely, it found the collegians removed from under its control, and the new doctrine inaugurated of abandoning the profession to the volitions of the community in their individual capacity.[1]

Thus the history shows that, at the first adverse petition, the society was deserted by the legislature. They, however, were only the exponents of the wishes of the people, whose hitherto passive resistance to the doctrine of legislative interference with the profession, was thus changed to active hostility. In view, therefore, of these facts, it is desirable that in treating the loathsome leprosy of the profession, the society should abandon its faith in specifics, and confine its attention to

[1] The curious legislation of 1851, when examined by the contemporaneous history of the society, proves all these assertions. A slight glance at this history will not be amiss in this connection.

At the annual meeting in 1849, the president, Doctor Pennington, delivered a very able and scholar-like address, entitled "Science, Sound Philosophy, and Cultivated Intelligence the True Basis of Medical Reputation," which immediately turned the society's attention to the elevation of the standard of general education of candidates, and resulted, at the same session, in the appointment of a committee to revise the charter and by-laws, of which Doct. P. was made chairman. At the next semi-annual meeting, Doct. O. H. Taylor, Vice-President, addressed the society specifically, on the existing system of Medical Education. In this the medical colleges received a most unmerciful but just and well-deserved scoring. Under the influence of this address, on motion of Doct. Parrish, the society formally resolved in favor of boards of examiners, separate from the medical faculties of the different medical colleges. At the annual session of 1850, the Committee on the Charter reported several amendments, principally directed to raising the standard of general education, which amendments the society directed should be urged upon the attention of the legislature. Of course, all these proceedings came to the knowledge of the colleges through the published "Transactions." And, as a consequence, when the committee came before the legislature, they were met by the colleges in full force. The society,

"Like an eagle in a dove-cote,"

had fluttered their parchment plumage. And although the committee succeeded in regard to its own amendments, yet the adverse influence procured the passage of another virtually exempting certain "*first class* colleges from the provisions of the whole law. The society, conscious of no motive but the sentiment of its motto, "*opiferque per orbem dicor*," on being thus misconstrued and deserted by those whom it sought only to serve, has stood upon its dignity, and has not since obtruded this subject upon the attention of the legislature. However, after another address of Doct. Taylor, upon the same general subject, the society resolved to invite the legislature thereafter to be present at the opening of each annual meeting, which invitation, however, was never accepted until after the session of 1854. The wedge was already entered under the license system, and it toppled to a fall. At the session of this year, the legislature was beset both by regulars and irregulars; the subjects of fear, and those of envy and conscious error. The result is well known.

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rational therapeutics. In other words, let it adhere to the course so happily inaugurated in 1849, viz: seek the elevation of the society, as then recommended from this chair, by means of "science, sound philosophy, and cultivated intelligence."

This, as has once and again been said, was the society's original ground, and the shifting of it is now seen to have been as wrong in expediency as it will appear false in principle. Whilst the society endeavored to control only its own members, its organization was healthy, its functions undisturbed. But from the time when it first sought to ally itself with the civil power, for the purpose of professional elevation, down to the year 1825, its proper functions were suspended, its growth checked, and its usefulness abridged. But from this date of the return to first principles, by restoring the permanent membership, it began to rise towards its true dignity. Now, however, its enemies have thought to clip its wings, and bring it down to their own level; but they have only removed a clog. Both the State and district societies are rapidly rising in attainment and aim: and it is safe to predict that they will soon soar far above the mists of superstition, the clouds of ignorance, and the storms of self-interest, suspicion, and envious detraction.

But it may be answered that the society has not been paralyzed, either in zeal or efficiency; or if it has, the license system has not been the cause. If it be indeed true, if this society is satisfied that it has fully come up to the standard of its obligations, nothing further need be said; but if it denies the connection between its retardation and this asserted cause, by reason of the accidental historical connection of the two, I am prepared to join issue, and to say that the one was the logical consequence of the other. And the reasons are briefly these: First, the details of the system occupied all the time of the society; Second, its standard was lowered, for it was the professional attainments of some *ideal tyro* whose standing was constantly used in the actual decision as to the right of candidates for medical honors to enter to an equality with themselves. The words of the license are, "well qualified." This is more particularly true of the district societies, and of the former constitution of this. And it has been proved by the history, that the addition of the College of Fellows *did raise* the standard of medical education.

It may, however, be still further said, that, admitting all the premises, yet as the doctrine of license is true, and the authority must vest somewhere, and in this society, as a corollary of the doctrine, it follows that the connection must not be dissolved, however disastrous. The society has, indeed, always advocated this control; but at first, abjuring its direct exercise, it procured its lodgment in the Supreme Court. It afterwards assumed it, however, both as an historical and logical necessity. The pertinent question then is, Shall the society adhere to the doctrine of legislative protection? Shall Science or shall License fall? *Judicat Apollo; Minerva Triumphat.* The profession being judge, let Science have the victory.

But though enlightened professional judgment should thus answer, justice to the community may require us to go further, and show that

the law to regulate the practice of physic and surgery is totally inadequate, and, therefore, on the theory, a fraud upon society.

The preamble of the act of 1783 (which is a substantial rehearsal of that of 1772), is as follows :—

"Whereas many ignorant and unskilful persons do take upon themselves to practise physic and surgery in this State, to the endangering of the life and limbs of the good subjects of the same, who have been persuaded to become their patients; *therefore*, to prevent such evils in the future, &c."

In regard to the doctrine of this preamble and its premises, it may be said generally that ignorance, want of skill, and unjustifiable assumption are clearly predicable of many who profess the healing art; also undue persuasion, the ground of which is ignorance. Still the doctrine is a fallacy, because the conclusion does not follow; the kind of protection contemplated is utterly inadequate.

Let the argument be stated logically; let the premises and conclusion be substituted in the *trinomial theorem of deduction*, which, unlike its binomial algebraic cousin, is absolutely determinate. Thus stated, the argument would stand as follows :—

Some sources of danger to human life are grounds for the exercise of the just protective power and duty of government in the premises.

The ignorance and consequent undue persuasion of people in regard to the choice of physicians is such a source of danger.

Therefore the legislature is empowered and required to enact a law to "regulate the practice of physic and surgery;" which is the title of the existing act.

There are two answers to this doctrine of authoritative control, either of which is fatal. The first and the best is that the conclusion of the syllogism is inconsequential. The kind of interference contemplated by the act is utterly inadequate to protect, and therefore not the required exercise of protection.

And first, it must be admitted that it does not keep the incapable out of the ranks. Indeed every physician's experience proves that, whatever he may once have thought of his early attainments, he was, at least at first, unentitled to any authoritative indorsement of his proficiency. It will very properly be said that this is unavoidable in humanity. But the point is, that the license serves to perpetuate this evil, and to transform the early deficiency into culpable ignorance. The proof is in the appeal to fact. It manifestly encourages indolence and carelessness, especially in all those who place a high value on the license, who are found to be there without self-reliant knowledge, cultivation, and professional aspirations. It is by no means unheard of that such a man should carry the diploma of this society in his pocket, to exhibit as the best evidence of his proficiency and skill. It is not too much to say, that in the hands of such a man, no license ought to be authoritative.

But further, this defect opens the door to wilful, presumptuous ignorance. I appeal to the facts; and I need not bring much evidence on the point, my own observation cannot be singular; and I have seen, and do see continually, not only my own slender attainments, but such instances of gross mal-practice among the subjects of license, as make one

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blush for his profession. It has been my sad lot also, to hear of acts of rash ignorance, so presumptuous, so gross, so brutal, that I hope they may forever be buried in oblivion. But if their victims could speak, in the language of Hamlet's ghost, they would say to the young aspirant after the more than regal honors of the profession,—

> "But that I am forbid
> To tell the secrets of my prison-house,
> I could a tale unfold, whose lightest word
> Would harrow up thy soul; freeze thy young blood;
> Make thy two eyes, like stars, start from their spheres;
> Thy knotted and combined locks to part,
> And each particular hair to stand on end,
> Like quills upon the fretful porcupine.
> But this eternal blazon must not be
> To ears of flesh and blood."

Nor can the law be enforced. True, the District Society of Sussex County will ask you to revoke a license at this very session; but it is only to clear our own ranks; it knows that the diploma of the individual is a distinct ground for a new license. And if it were not, the law could not be enforced against him; the revoking would operate only as a bar from the local societies. Sussex knows this by experience.

The late doctor Samuel Fowler, of that county, who possessed a well-merited professional reputation, co-extensive with his acquaintance, and whom mineralogy has made famous, originated the Sussex Co. District Society, and was notoriously the direct cause of many prosecutions for neglect of license, and of forcing the delinquents into compliance with the law. Nothing, however, but his undeniably vast professional superiority sheltered him and his practice from a terrible storm of public indignation. Since that time, the society has publicly notified several delinquents to take out license; but so notoriously has the past inspired them with a wholesome dread of prosecutions, that these delinquents pursue the even tenor of their way along the dead level of mediocrity. In the face of these, and a hundred similar facts throughout the State, it is idle to say either that the community desire the protection of the license law, or that they are willing to sustain it.

But still further, the inadequacy of the protection is directly proved by the fact that the intelligence, and much more, the mass of society is active in sustaining quacks. In whose dwellings are their nostrums found? What class supports the oft exploded, recently revived absurdities, that taint the pure air of heaven, and add noxious vapors to the "thousand ills that flesh is heir to?" In whose hands did the gifted, but misguided, Crawford fall? And it is absurdly manifest that the vendors of quack nostrums rely upon the certificates of men of mark in private life, of those in official station; of many in the learned professions—upon "the Napoleon of surgery" even. But lest all this should give no weight to the argument, let us throw into the scale "the infinitesimals." Surely now it cannot be said that the case is not proved; Hahnemann's similitudes have cured its defects, and Apollo bows to Mercury.

Finally, the existing protection *cannot* be adequate. Charlatanry may be diminished by adequate means, but never cured. It is not even peculiar to our profession; it abounds everywhere. It dwells in the work-

shop and in the field; it hangs out its painted wares along the streets; despite every precaution, every penalty, it daily hurls its victims from the dizzy height, or drowns them in the deep; it crawls into the school-house; it climbs to the forum; it stalks into the legislative hall; now it nestles underneath the ermine; sometimes, alas! it skulks behind the sacerdotal robe: and here, joining hands with its brother in the healing art, the worthy pair cowardly confront the imperfect, fading image of their Maker beside the awful realities of the grave.

But our own profession is its favorite retreat; here it is so much easier to seem than to be. The reason for quackery is the approval of the undiscriminating. One basis of it is that superstitious awe, with which the ignorant regard those who presumptuously assert a control over the manifestations of life. And well may they so regard such audacity; true science earnestly abjures control over that awful mystery. Indeed it most awes those who with scalpel and microscope, and other analytical appliances, penetrate most deeply into the recesses of its hiding-place.

Again, others, who ordinarily manifest both acute perception and cultivation, when they view the expanded field of inquiry and consider the research necessary even to a low degree of probability, contemptuously ignore the whole science. Imagining that medicines obey no *known* laws, and that their properties are discoverable only by accident, they are ready to throw themselves into the hands of boasting empiricism rather than modest philosophy.

Again: others, if they could properly express their sentiments, would say that therapeutics cannot be a science; that there cannot be a generalization of the stores of experience; because every disease is a separate existence, and, if curable, must have a specific. Or, if they should attempt any generalization whatever, would go back to the doctrines of the far off past, and call all remedies carminatives.

These classes are the *nidus* of this large class of parasites upon the body politic. And the extent and hopelessness of the evil is in inverse ratio to the proportion of these to the rest of the community.

Least of all, can it be remedied by this futile system, which blinds the community and the profession also; and which, alas! is occasionally a too pertinent illustration of the doctrine of *similia similibus curantur*.

So much as to the adequacy of the license law: the conclusion of the syllogism is plainly a *non sequitur*.

And here, perhaps, this discussion ought to close, inasmuch as it has (with all deference be it said) established the fallacy of the reasoning on which this law is based.

In establishing the utter inadequacy, in fact, and in reason, of the kind of protection contemplated in the act, the truth of the doctrine of license is successfully contradicted. To extend the arguments further, in a question of this kind, might be said to be a violation of good taste; and were this audience of the forum, it would be ridiculously absurd and presumptuous. But it may also be said that, in a world constituted by Infinite Wisdom and Goodness, whatever is inadequate to a right end, must be wrong in reason. And, perhaps, where the issue so nearly concerns us, we may be pardoned the attempt to trespass

into the province of the law, in an effort to discover where the wrong lies.

It must be admitted that the State would have a control over the whole matter, in the exercise of the protection of the common law, if there were no statute of this kind in existence. But is not this law supreme? And have not the community an inalienable right to its enforcement? Does it not lie back of the social compact, in the everlasting principles of right, to wit: the Divine Decrees? Indeed, it is admitted by most jurists that the soundest and most comprehensive principles of the common law are to be found in the Jewish economy. It does seem at least probable that the social compact is grounded on the fundamental principles of the common law. If so, society enforces its sanctions not as a sovereign but as a subject. But it exercises its authority under the social compact as a sovereign. Therefore, it is as a sovereign subjected to a higher power, to wit: the principles of the common law.

It is, however, submitted to our legal friends whether a licensed physician could be subjected to damages under the common law, by reason of ignorance or want of skill? For the legislature indorses his capacity, which, if not authoritative, is no protection. He is answerable for neglect to use his knowledge and skill. But if assiduous in his attentions, acting in manifest good faith, and according to the theory of license, in possession of the requisite knowledge and ability, how can he be held liable? Is not, therefore, the victim of malpractice deprived of one remedy, and that the best, under the common law?

Again, how far is the State pecuniarily responsible for the effects of its authoritative indorsement?

Again, the license law imposes a penalty for its violation, because it ignores all other physicians. The community, therefore, employ them at their own risk; all the remedy they have is in the forfeiture of the fees. But there are many communities in which licensed physicians will not reside; and because either of the large district occupied by them, or its isolation, none can be obtained in the emergencies specified by the act. They invite some ignorant man to settle among them, who remains until he loses the protection provided for such persons in emergencies, and is then subjected to a penalty for every prescription. If this be law it is not substantial justice, nor is it humanity. But do not all these facts exist contrary to the common law jurisdiction?

But in all sincerity it may be said that the license law is utterly inadequate to the contemplated protection; and ought not to stand. Were it otherwise, were it even in the same category with the tavern license law—doing some good—perhaps we ought to acquiesce in its provisions, notwithstanding its humiliating character. But as it is, let every man be free to show his true character, and the soundness of his philosophy, without the dogmatical contradiction of a system, to which he considers it beneath his dignity to submit. And, for the rest of the unlicensed, if they be ignorant, they deserve pity and not persecution. If they be the presumptuously ignorant and designing, let the common law have its course. If they be only the ignorant victims of their own conceit, leave them to oblivion. Their influence will be small indeed.

If the community desires protection, it has, in addition to the law,

an adequate remedy in public opinion. This is, after all, the best kind of control, and one continually exercised. What physician has not dreaded its efficiency? And how terribly does it sometimes inflict its sanctions; for there are flagrant instances of professional incapacity for "scorn to point her slow unmoving finger at;" and these judgments are indeed authoritative; for they are the intuitions of universal conscience; "*Vox populi, vox Dei.*"

Besides, in this matter, there are direct responsibilities to Him "in whose hands our life is," and who has made us "our brother's keepers." The disregard of these; the carelessness of people in selecting their physicians; and the rashness or wickedness of practitioners in assuming their duties; bring down upon the community, in the disastrous consequences of malpractice, the terrible sanctions of outraged divinity. And the warning is to all: to the charlatan, the empiric, the wilfully ignorant, the immoral physician—to the agonized friends even. And the voice of that warning is, "At the hand of every man's brother will I require the life of man."

But I have trespassed upon your courtesy, and wearied your patience, and therefore hasten to a close. I have shown that it is not the province of legal enactments, like the one existing, to maintain the standing and usefulness of the profession, but the contrary—I have shown also most fully, their entire inadequacy to protect the community, and the want of foundation for them in principle. I have also endeavored to exhibit the true standard of our obligations in and to the profession, and have given some faint shadowings of its scientific outlines and proportions, and have pointed you, in your own history, to the best means of filling out the picture.

And now I sum up the whole, in the law of love to God and man. "For we are indeed but the honored instruments of a superior power—after all, 'It is God who healeth our diseases, and redeemeth our life from destruction.'" The Esculapian doctrine is a positive reality: the shrine and the God are no longer a heathen mythos. Our exemplar is the great Physician. He points to the portal of his temple, and says to his disciples, "Behold, I set before you an open door, which no man shutteth." Enter, from the realms of turmoil and strife, the purlieus of envy and malice. There, safe from the wild gusts of passion; sheltered from the fierce breath of detraction; in the conscious discharge of the Master's commands, "seek that peace which the world cannot give, and which it cannot take away."

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REPORT OF THE STANDING COMMITTEE.

In presenting their annual report, your committee feel great gratification in being able to announce that the citizens of our State have, during the past year, enjoyed an unusual exemption from the various "ills that flesh is heir to." We have been spared from any of those pestilential epidemics which, at times, have swept over our land, destroying our fellow-beings by scores and hundreds, desolating hearth-stones, and cankering the warm affections of the human heart by striking down those whom we loved and who blessed us with their love. Former committees have had to report the ravages of such fearful epidemics, which, for wise purposes that are beyond human ken, are occasionally allowed to rage and devastate the land, by "Him who doeth all things well." But it is our pleasant duty to report that, while seed-time and harvest have prospered, Hygeia's sway is now, and has been during the past year, more than usually absolute, and that we are at present in a remarkably happy condition of health and prosperity. In fact, in many sections of our State, there has been so little sickness that physicians are almost the only mourners; and finding themselves, like Othello, occupationless, and sadly reflecting upon the anemic condition of their pockets, they have been well nigh tempted to "sink the shop" and get into some paying business.

And again, the financial epidemic which has so lately visited us, and which yet "like a wounded snake drags its slow length along," has had a decidedly debilitating effect upon our profession; for people have become economical even in the matter of medical attendance, so that headaches and stomach aches, sore digits and troublesome bunions, with other trivial ailments, which, in better times, required the services of "the Doctor," now have to yield to domestic treatment. And those dear old chronic cases, which formerly were the delight and profit of young physicians with large expectations and small practice, have, in a great measure, forsaken us; so that we may well exclaim, in lugubrious accents, "The times are out of joint."

Your committee feel painfully conscious that their report is imperfect and defective; but while we are willing to admit that, in a measure, that may be attributed to a lack of ability and energy on the part of the reporters, yet the censure ought also to fall upon those district reporters who have failed to fulfil their duty. There are some fifteen district medical societies in the State, but we have received reports from only two district reporters. We addressed letters to physicians in different parts of the State, asking them to give us such information as would be of use to us, and it gives us pleasure to state that these calls were, in several instances, responded to, by which means we have been

put in possession of many interesting facts which we could not otherwise have obtained. Inasmuch as it is highly important that the report of the Standing Committee should be full and perfect, embodying information from every section of the State; and inasmuch as the present system of district reporting has been found to be exceedingly insufficient and unsatisfactory, your committee would respectfully ask this society to consider whether some beneficial change could not be made from the present mode of reporting, whereby the Standing Committee could obtain full and thorough reports from each and every section of the State.

It has been suggested by former standing committees that each district reporter should be an ex-officio member of the State Society. This might be a wise regulation, and, in order to secure a performance of duty, it might be well to add the saving clause that they should be considered members of the State Society *only* on condition that their reports shall have been forwarded to the Standing Committee on or before the first day of January of each and every year. It might also be advisable to adopt a system of rewards by awarding to the author of the most thorough and complete district report some premium or complimentary notice, the Standing Committee being the judges in the matter. Your committee would merely throw out these hints, without offering any advice upon the subject, but, at the same time, they would earnestly recommend the society to take some action in regard to this matter, which so evidently needs a reformation.

In compliance with the direction of the State Society, we submitted the question, "What constitutes a valid license under existing laws?" to the Hon. Wm. L. Dayton, whose extensive and thorough knowledge of all matters appertaining to law pre-eminently qualify him to give an authoritative decision upon this point, and we herewith submit his written opinion.[1]

Your committee feel a great degree of regret in having to present before this society two cases of irregularity.

One is that of Dr. Joseph Hedges, of Stanhope, Sussex County. An extract from the minutes of the Sussex County Medical Society was forwarded to us by the secretary of that society, who also stated that the case would be brought up before this society at the present meeting.

The other case of irregularity is that of Dr. Lessey, of Hunterdon County. No official report has been received from Hunterdon, but we learn through a letter from Dr. Wm. Johnson, of White House, that the District Medical Society for that county has stricken the name of Dr. Lessey from the list of members.

We regret that we have received no report from *Mercer County;* we will, however, as far as possible, fill this deficiency by giving the result of our own observations, which have been chiefly confined to Trenton and its vicinity.

During the month of Jan. 1857, there were no less than five diseases prevailing as epidemics in the city of Trenton, to wit, scarlatina, rubeola, erysipelas, pertussis, and cynanche parotidea.

The cases of scarlatina, which were quite numerous, were of the

[1] See Report A.

anginose variety, and were in many instances fatal. But few cases of scarlatina simplex occurred. Almost every mode of treatment, as advised by various authorities, was resorted to; but, as a general thing, those cases which had the least treatment terminated most favorably. In fact, in our present imperfect knowledge of the pathology of this disease, it seems that the least we do in the way of medication is the best.[1] Even the administration of cathartics, which has been and still is a very common practice, seemed in many cases to produce a decidedly injurious effect.

The erysipelas epidemic, which prevailed for several months, was the most severe and extensive that has visited this vicinity for many years.

The constitutional symptoms were very severe and distressing, and the disease attacked every age, sex, and condition. Many deaths occurred among parturient females, the disease associating itself, very insidiously, with puerperal peritonitis, and proving extremely unmanageable. The treatment of erysipelas, as here practised, consisted in the internal use of tonics (generally some preparation of Peruvian bark) and the external use of nitrate of silver and tincture of iodine. One case which fell under the care of one of your reporters, was interesting from its severity, long duration, and successful termination. M. W ——, a young man, who had just recovered from a very severe and prolonged attack of angeioleucitis, affecting the glands of the groin, and resulting in profuse suppuration, was attacked on the third of April with a very violent chill, which was followed by a high grade of febrile action. It was supposed that this was a precursor of remittent fever, as that disease was prevalent in this district at that time. But on the next day it was discovered that erysipelas had attacked the scrotum. This increased so rapidly, and the symptoms became so violent, that the case seemed to be almost hopeless. For four or five consecutive days he was entirely unconscious of everything, raving in the wildest delirium, not recognizing any of his family, and requiring to be closely watched, and, at times, forcibly held in bed. The local disease was still increasing in severity, but although a light erysipelatous inflammation (resembling erythema) extended over part of the abdomen and sides and down each leg as far as the knee, the disease seemed to be centred in the scrotum. When the patient passed out of his delirium, he was left in an excessively debilitated condition, and chalybeates and vegetable tonics (chiefly sulph. quinia) were administered, but the local disease continued very stubborn and unmanageable.

The disease seemed to laugh to scorn all measures used to palliate or eradicate it; a strong solution of nitrate of silver was used, but the most reliance was placed in tincture of iodine constantly and freely applied.

But, notwithstanding all the efforts used, extensive suppuration ensued, involving the cutis and subjacent tissues of the scrotum, and causing so

[1] After a full and free interchange of opinions on this point by the members of the Society, there was, we believe, but one member who sustained the committee in the views here given expression to. The Society therefore emphatically disclaims any responsibility for the opinions on this subject advanced by the committee, and its disclaimer is hereby entered by authority of the Society.—[Ed. Med. and Surg. Reporter.

much destruction of these parts as to leave both testes bare, although the raphe of the scrotum was not destroyed.

Appropriate applications, such as oak bark and yeast poultices, were used to arrest the further progress of the suppuration, as it was feared by the medical attendant and the consulting physicians, that the testes would become involved and the patient sink under the debilitating effects of the disease.

This fortunately did not occur, and, as the patient began to grow better, the parts were brought together by adhesive plasters, drawn as tightly as the patient could bear, and the severed surfaces were soon united by healthy granulations, leaving the scrotum so well restored as to give the patient no inconvenience.

He was discharged as well, on the 31st of May, having been sick fifty-eight days, during the greater part of which time he was confined to bed.

During the summer we were visited by those diseases incident to the season, which in a large majority of instances are caused by people gorging themselves with such indigestible trash as would upset the *dura ilia messorum* and by foolishly exposing themselves to such morbific influences as would seriously injure the constitution of a Mississippi boatman.

Bowel affections prevailed to some extent, but they were not marked by any noticeable peculiarities and generally were very easily managed.

During the summer and fall months, numerous cases of remittent fever occurred, which were chiefly marked by their persistent and protracted convalescence. During the latter months of the year the tendency has been to health, and nothing has occurred worthy of especial notice.

From *Cumberland County* the reporter, Dr. E. C. Bateman, states that "we have had another year of unusual good health, particularly amongst children; never have we known so little sickness and so few deaths." He states that measles was the most fatal of the diseases which have prevailed in that district, and there, as in other parts of the State, an unusual number of children and adults had the disease a second time. Very few cases of summer complaints occurred. Bilious and typhoid fever were of a mild type. Dr. B. states also that phthisis pulmonalis appears to be on the increase in that district, but he does not assign any cause for this increase.

From *Gloucester County*, the report of Dr. Graham, after having stated that exanthematous diseases were very rife, says: "But *the* exantheme, that one most wide-spread, insidious, and fatal, was erysipelas. This disease prevailed as an epidemic throughout Gloucester County, and many a memory will often, and with sadness, recall its ravages during the winter of 1856–7." "Accompanying this epidemic, and observed in many cases, was an obscure form of inflammation, as to the exact character of which different opinions obtained among our most experienced practitioners." This disease the reporter states to have been so similar to erysipelas as either to be the same or at least its cousin-german, and he propounds these pertinent questions: "Whether is there such a thing as internal erysipelas? Is it or not a disease diagnosed by cutaneous inflammation, and from which mucous tissues are exempt?" The solution of these questions is a matter of vital importance to a community in which erysipelas and kindred disorders are constantly occurring, as a

proper understanding of this matter is necessary to enable us to treat such cases rationally.

Dr. Graham states, upon the authority of Dr. Weatherby, that the summer and fall diseases (chiefly bilious) of 1857 have been much more abundant, in the neighborhood of Clarksborough, than during the corresponding period last year.

For a very interesting case of prolapsus uteri, we would refer to Dr. Graham's report.

No official report has been received from *Hunterdon County*, but we are happy to be able to supply the deficiency from a full and interesting report from Dr. Wm. Johnson, of White House. In speaking of pneumonia, Dr. Johnson deprecates the use of the lancet in that disease, and he further says, that "those large drafts on vitality which were once thought necessary for its cure, and even by some practitioners thought to be the sheet-anchor of safety to the patient, are improper; pneumonia can be cured more readily without the lancet than with it." He places great confidence in Norwood's tr. verat. viride, and he says: "In all cases of exalted arterial action, and where the circulation needs bridling, we have in the veratrum viride a resource which puts the lancet, tartar emetic, and digitalis far in the background."

We found great advantage in using this medicine, also in rheumatism, palpitation of the heart, typhoid fever, hemicrania, croup, &c.

Dr. J. speaks very highly of the happy influence produced in scarlatina by the use of dilute sulphuric acid. He, in common with physicians throughout the State, met with numerous instances of patients having a second attack of measles. He speaks favorably of the use of Fountain's arsenical solution in the treatment of intermittents.

Dr. Johnson furnishes us with this history of a singular case which was related by Dr. Schenck, at a meeting of the Hunterdon County Medical Society: "A woman, at two consecutive labors, bore children affected with what I consider to have been molluscum. They were both stillborn, and of the average size of children at birth. The whole surface of the bodies of these children presented the appearance and feel of the scales of a turtle. The scales appeared to be under the cutis vera. One of these cases was a breech presentation, and the Dr. found great difficulty in determining whether it was the breech or the head, on account of this scaly covering. He could not satisfy himself upon this point until the breech was completely expelled. This woman has borne two or three healthy children."

From *Passaic County* Dr. A. W. Rogers reports that sore throat and tonsillitis had prevailed to a considerable extent, and he says that such cases were much benefited by a gargle of gum guaiac, infused first in cold and then in warm water, together with a poultice containing salt, or salt pork to the outside.

He speaks highly of the use of "turpeth mineral or subsulphate of mercury," in croup. He also reports the prevalence of severe dysentery.

Dr. Rogers mentions a case of hydrocele that "was cured one cold day last winter by freezing the scrotum." Surely, in this case, the old adage was verified, that "the remedy is worse than the disease," and it is scarcely probable that this treatment will ever come into general use.

From *Salem County*, Dr. Gibbon reports that this section of the State

has been nearly exempt from severe disease during the past year. Dr. G. speaks in commendation of the tr. veratrum viride, and says: "I am inclined to think that, in some instances, at least, it may be used as an efficient substitute for the lancet."

From *Somerset County* we have received information from Dr. Vandoren that rheumatism prevailed for three months, and was very generally and equally diffused through the county, the chief existing causes of which he thinks were the "melting snow and wet streets."

He also reports the prevalence of boils, carbuncles, and whitlows, and "an inveterate kind of itch, rather like prurigo than scabies." After surveying the diseases of Somerset County, Dr. V. arrives at the following conclusions:—

"True sthenic inflammation is becoming more rare yearly, and the cases which do occur are of milder grade."

"The phlegmasia are replaced to a considerable degree by diseases of irritation, namely, neuralgia, nervous gout, and subacute rheumatism."

"Inflammatory action is attended with less symptomatic fever than formerly; thus we often see latent (as it is called) pleuritis, pneumonia, &c.

"The cause of these peculiarities is doubtless that our population have their vascular and muscular systems less, and their nervous systems more, developed than their ancestors, and the cause of this difference is to be found in their habits of life."

"In relation to fevers, the following facts appear. Intermittents have been increasing upon us for the past ten years, and are in some localities very annoying."

"At the same time, bilious remittent (also they say miasmatic) has dwindled and almost disappeared; and intermittent fevers often ally themselves with and run into typhoid (the enteric fever of Wood).

"It is easy to imagine that this change depends upon some modification of the malarious or miasmatic poison, either in sort or degree, but I confess that I have never been able to derive the slightest satisfaction from any such hypothesis, or to feel that it cloaked my ignorance with anything better than a transparent veil."

"Typhoid fever has become endemic among us, and typhus—that is, typhus gravior, with its early stupor and its six weeks' duration—has almost, if not quite, disappeared. I rejoice at the exchange, but confess profound ignorance of the cause."

"In relation to the treatment of this fever, I can safely say, that an expectant practice, with careful control of the local complications, as they arise, has generally proved successful."

"The turpentine emulsion of Dr. Wood is most efficient in controlling the abdominal symptoms."

"Irritative fever, the febris ephemera of Good, is often met with, especially among children. I believe it to be almost the only form of remittent fever commonly encountered."

From *Sussex County* we have received no official report, but, through the kindness of one of the physicians of that district, we have received a letter of much interest, from which we will make some extracts.

He says that the Sussex County Medical Society numbers seventeen

members, out of twenty-seven physicians in the county. "Of the ten out of our pale, one has taken the requisite steps for admission, one is a bird of passage, three are superannuated, and two are professed quacks, one of these is Dr. Joseph Hedges, and the other is a Dr. Woodruff, who calls himself both chrono-thermal and homœopathic, and advertises to cure diseases, 'fashionably with medicine, or physiologically without.'" Dr. ——— also informs us that an irregular practitioner, of that county, recently perforated the cranium of a fœtus, whose delivery he despaired of, and then sent to a neighbor to apply the forceps to it. Before the arrival of this practitioner, however, the child was expelled by the mother's unaided powers, and lived three days.

He reports that there has been "a good deal of scarlatina and rubeola. The former was attended in very many cases with diphtheritic croup; the latter never;" and he adds, that when this diphtheritic croup complicated scarlatina it was uniformly fatal.

In speaking of the treatment of such cases, after stating that the local application of nitrate of silver had not been found very successful, he says: "We are disposed here to be old fogy, and place great reliance upon calomel in diphtheritic affections."

In speaking of the treatment of the diseases of the bowels, he says: "In regard to all these diseases of alimentary mucous surfaces, my endeavor has been to quiet irritation, without arresting altogether the secretions, which certainly are the result of the "vis medicatrix."

"You know how, in all these cases, we are very apt to resort to calomel and Dover's powder, which are often pleasant as punch (not London, but whiskey) is to those who use it. Indeed, this kind of treatment reminds one of the Frenchman's definition of punch: 'Dere is de sugar to make him sweet, and de lemon to make him sour, de whiskey to make him strong, and de water to make him weak;' and though it is often very happy in its effects, it perhaps may be said of it sometimes, as the same Johnny Crapaud said of its antitype, 'It almost punch my brain out.'"

He also recommends the use of nitrate of bismuth in some obstinate intermittents upon the theory that "there has supervened a permanent congestion of the gastric mucous membrane upon which the bismuth would act, as nitrate of silver or sulphate of cadmii acts on the conjunctiva."

In commencing our report, we stated that Hygeia's sway had been more than usually absolute throughout the State during the year; this assertion, perhaps, needs some qualification, since the county of Burlington affords a sad exception in having been more than usually scourged by malignant and unmanageable diseases. No official report reached us from this district, but, through the kindness of Dr. I. P. Coleman, we are in possession of many facts both interesting and melancholy in their nature.

After enumerating the various inflammatory and exanthematous diseases which prevailed during the year, and setting forth the uncertainty of ordinary remedies in the treatment thereof, the Doctor makes the following pertinent remarks in reference to the treatment of scarlatina: "We scarcely know what to ascribe to medicine and what to the 'vis medicatrix.' Had we a meter to determine positively the amount of

poison floating in the sanguine current, and a vital dynameter to estimate with exactness the sum of living resistance to that virus, our conclusions in respect to the value of remedies would be more important." Dysentery, in an epidemic form and of malignant type, also scourged this district during the past season. Dr. C. informs us that the cases of this disease were marked by early prostration and rapid tendency to dissolution. In many instances the disease was accompanied or followed by ileitis, and in one case, where an autopsy was obtained, the lower portion of the ileum was found to be gangrenous. In concluding his interesting report, he informs us that intermittent fever has again made its appearance in that neighborhood, after an absence of nearly twenty years. For some time past the old pest had given evidence of its approach, but in the opinion of Dr. C. it required the wet spring and summer of 1857 to call its energies into full play.

After your committee had finished their report, a very voluminous report from *Essex County*, with accompanying documents, was received from Dr. Wm. Pierson, Jr. It reached us, however, at so late a period that we have not had time even to read it. One of the By-Laws of this Society declares that the District Reporters shall present their reports to the Standing Committee "on or before the first day of January of every year;" and, therefore, your committee did not feel themselves under any obligations to make an abstract of this report. However, we herewith present it, to be disposed of as the Society may deem proper.[1]

A report from Dr. Schenck, of Camden County, was also received too late to be incorporated in the report of the Standing Committee. It is herewith presented.

We feel it to be our duty to say a word in reference to the MEDICAL AND SURGICAL REPORTER, which journal may, in our opinion, be considered the handmaid of medicine and surgery in New Jersey. By the untiring zeal and energy of its present editor and proprietor it has attained an enviable position among its sister journals; and, as the fearless exponent and supporter of scientific medical and surgical practice, it is eminently entitled to the support of the New Jersey Medical Society, and to the profession throughout the State.

Your committee would take the liberty of suggesting a change in the time of holding the annual meeting of the State Medical Society. Our reasons for doing so are as follows: In the first place, the month of January, if our observation is correct, is one in which physicians throughout the State are most apt to be busy, and at that time they cannot go from the field of their labors, and the consequence is that our meetings are not as well attended as they should be. Then, again, the time of meeting now falls upon the period during which the State Legislature is in session, which necessarily absorbs a large share of attention,

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and consequently detracts very materially from the interest which would otherwise be attached to our meetings.

The time of holding the annual meeting is fixed by an act of the legislature, and, in order to effect a change, it would be necessary to make application to that honorable body for authority to do the same.

Should the Society deem it expedient to act in this matter, the committee would suggest the propriety of changing the time of meeting to April or May, during which months, as a general rule, there is less sickness prevailing throughout the State than at any other period during the year.

JOHN WOOLVERTON,
THOS. J. CORSON,
GEO. R. ROBBINS,
Standing Committee of N. J. State Med. Soc.

The Medical Society of New Jersey, at its last annual meeting, adopted a resolution in words as follows:—

"*Resolved*, That the question, what constitutes a valid license under existing laws, be referred to the Standing Committee, with authority to obtain competent legal advice." This question has been referred to me for an opinion.

The Act of the Legislature, January 28th 1830, is entitled "An act to incorporate Medical Societies, for the purpose of regulating the practice of physic and surgery in this State."

Section 5 authorizes the Medical Society of New Jersey to confer the degree of Doctor of Medicine.

Section 6 authorizes said society to examine all students who shall present themselves, and "to give diplomas under the hand of the President, and the seal of the society; which diploma shall be sufficient to empower the person so obtaining the same, to practice physic or surgery, or both, as shall be set forth in the said diploma, in any part of this State."

Sections 8, 9 and 11 provide for the examination of students through the Board of Censors of the several districts—And three approving signatures to the certificate shall be necessary to make valid each certificate recommending the applicants for license, which certificate when produced to the president of the medical society, shall empower him to grant a license under the hand and seal of the society.

Section 12 enacts "no person shall commence the practise of physic or surgery within this State, until he shall have passed an examination and received a diploma from the Medical Society of New Jersey." And without such license (unless the person has been a respectable practitioner without a license prior to the act of 15th Feb. 1815), he is subject to a penalty of $25 for each prescription, and disqualified from collecting any debts incurred by such practice.

Section 13 requires a copy of the license to be deposited with the clerk of the county in which the practitioner may reside; and if this be neglected, he is made liable to the same penalties as if he had no license.

The above, are the general provisions bearing upon the question; and it is important to remember, that they are limitations upon the natural rights which every man has, in the absence of statutory restrictions, to pursue such occupation as he may think proper. The *necessity for a license grows out of the statute.*

On the 14th March, 1851, the Legislature (with at least questionable wisdom), made the first step towards a removal of the above restrictions. A supplement of that date dispenses with all examination in favor of such applicants as are graduates of certain named medical colleges; whose diplomas, presented to the presidents of the State Medical Society, together with testimonials of good moral character, authorize him (without examination), to grant a license under the hand and seal of the society. Thus far, however, there is no difficulty as to "what constitutes a valid license." It must be a license issued by the president of the State Medical Society; in the one case after examination, and in the other upon production of the diploma, &c.

But, on the 17th March, 1854, the Legislature made a further and still more important step towards removing the restrictions imposed by the act of 1830. A supplement of that date, enacts as follows: "Whereas, certain practitioners of physic and surgery in this State, labor under certain disabilities in the practice of their profession, owing to existing laws by which they are unable to collect their dues, and are liable to pains and penalties in the pursuit of their profession, therefore,

"Section 1. It shall be lawful for all persons of good moral character who have diplomas from any medical college, or from the medical department of any university of any State of the United States, which before conferring diplomas, require those upon whom they are conferred, to be 21 years of age, to have studied physic and surgery three full years with a respectable and lawful practitioner of medicine, including two full courses of lectures of not less than 12 weeks each, in which shall be taught the principles of materia medica, pharmacy, chemistry, anatomy, physiology and the practice of physic, surgery and midwifery, to practise physic and surgery in this State after depositing a copy of such diploma, translated into the English language, or other evidence of graduation, with the clerk of the county in which such practitioner may reside, and until such copy shall be so deposited, those practitioners who shall neglect the same, shall be liable to the penalty of the act to which this is a supplement, &c."

The foregoing supplement seems wholly to have changed the pre-existing laws as respects graduates therein referred to. So far as the right to practice is concerned, it has substituted a diploma from all *such* institutions, in place of a regular license from the State Medical Society. It admits all such persons to practice physic or surgery in this State, after depositing a copy of their diploma, or other evidence of graduation in the clerk's office as therein required. "*A valid license under existing laws,*" *is now, what it was before, a diploma from the State Medical Society.* But, as respects the graduates of those institutions, they are permitted to practise without such license. There may be, and perhaps are, other interests connected with the medical society itself—its organization and rules, not affected by this supplement. But, so far as the right to practice is concerned, a license, or diploma from the society, would, as re-

spects persons referred to in the supplement, be an act, or thing of supererogation. They have every right in that respect, which a diploma or license from the State Society would give to them. It is to be remembered that the necessity for such license grows out of the restrictions of the act of 1830—this supplement, which removes those restrictions, and gives express authority to the persons named to practice, obviates, of course, the necessity for a technical license from the medical society.

WM. L. DAYTON.

TRENTON, *Jan.* 9, 1858.

In Jan. 1859